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## TO HOSPITAL may be reto TO FUNERAL

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

|   | 901  | 2             | CERTIFIC                  | ATE OF D                                | EATH   |                     |                                      | Reg. Dist.             | No.        |                                |  |  |
|---|--|---------------|---------------------------|---|--|---------------------|--------------------------------------|------------------------|------------|--------------------------------|--|--|
| o. COUNTECI1  |  |               | MARYLAND                  | 2. USUAL RESID                          | ENCE (Where or   | leceased lived      | l. If Institution b. COUNTY          | ne Residence<br>Cec il | before od  | mission)                       |  |  |
| b. CITY OR TOWN (I<br>RURAL ond give no               | f outside corporate lim                                    | its, write    | c. LENGTH OF STAY IN 16   | c. CITY OR TO                           | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) |                     |                                      |                        |            |                                |  |  |
|   | East, Rura   | 1             | 17 years                  | X No                                    | th Eas   | t, Rur              | al al                                |                        |            |                                |  |  |
| d. NAME OF HOSPIT<br>OR INSTITUTION                   | AL (If not in haspital, (                                  | give street o | ddress)                   | d. STREET AD                            | DRESS  |                     |                                      |                        | Of         | RESIDENCE<br>N A FARM?<br>NO 1 |  |  |
| 3. NAME OF<br>DECEASED<br>(Type or print)             | Arthu  |               | Arnett                    | Armou                                   |  | DATE<br>OF<br>DEATH | Mont<br>August                       | 8                      | Day        | Year<br>19 <sup>5</sup> 9      |  |  |
| s. sex<br>Male  | 6. COLOR OR RACE<br>White                                  | 7. MARRI      | ED NEVER MARRIED DIVORCED | 8. DATE OF BIRTH<br>January             |  |                     | E (In yeors<br>I birthdoy)<br>2 yrs. |                        | YEAR IF UI | NDER 24 HRS.                   |  |  |
| during most of work                                   | ON (Give kind of work king life, even if retired Owner (Re | ) ]           | (IND OF BUSINESS OR INDI  |   | CE (Stole or fo  | reign country       |                                      |                        | SA         | HAT COUNTRY                    |  |  |
| 3. FATHER'S NAME                                      | NOT THE PERSON   |               |                           | 14. MOTHER'S                            | MAIDEN NAME  |                     |                                      |                        |            |                                |  |  |
| C   | ecil L. Ar   | mour          |                           | S                                       | arah J.  | Brick               | 1ey                                  |                        |            |                                |  |  |
| 5. WAS DECEASED EVER                                  | R IN U. S. ARMED FOR<br>(If yes, give wor or dates of s    |               | SOCIAL SECURITY NO. 17.   | INFORMANT                               |  |                     | Addre                                |                        |            |                                |  |  |
| No  |  | 2:            | L4-20-2847B               | Mrs.Ar                                  | thur A.  | Armour              | , Nort                               | h East                 | , Md. (    | (Rural)                        |  |  |
|   | TH [Enter only one co                                      | ouse per lin  | e far (a), (b), ond (c).] |   |  |                     |                                      |                        |            | BETWEEN<br>ND DEATH            |  |  |
| Conditions, if as gove rise to it cause (o), stoting  | mmediote (   | )             | cinoma of Bot             |   |  |                     |                                      |                        |            |                                |  |  |
| lying couse last.                                     | ) (1   | )             |                           |   |  |                     |                                      |                        |            |                                |  |  |
| Z PART 11. OTH  | ER SIGNIFICANT CON   | IDITIONS C    | ONTRIBUTING TO DEATH BU   | T NOT RELATED TO                        | THE TERMINAL   | DISEASE CON         | IDITION GIVE                         | N IN PART I            | PEF        | AS AUTOPSY<br>RFORMED?         |  |  |
|   | S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)             | 206. DESC     | RIBE HOW INJURY OCCURR    | ED. (Enter noture of                    | injury in Part I   | or Port II of       | item 18.)                            |                        |            |                                |  |  |
| 20c. TIME OF INJURY<br>Hour o. m.<br>p. m.            | Y Month, Doy, Ye   | While         |                           | LACE OF INJURY (Hoctory, street, affice |  | f. (City or to      | ~n)                                  | (Cou                   | inty)      | (Stote)                        |  |  |
|   | at I attended the  | decease       | d fram Feb 10             | 195919                                  | to_Aug   | 7th                 | 19.59                                | ,that I las            | st saw th  | ne decease                     |  |  |
| ACTUAL<br>SIGNATURE                                   | Tless  | 20            | elner                     | 1                                       |  | ESS (Street, o      | ity or town, s                       |                        | dute si    | DATE SIGNE                     |  |  |
| PHYSICIAN'S NAME (Type) R                             | C Dodson   | M.D.          |                           | Ris                                     | sing Sw  | n, Md.              |                                      |                        |            |                                |  |  |
| 220. BURIAL, CREMATION<br>REMOVAL (Specify)<br>BUTIA1 | 8-11-59  | )F            | 22c. NAME OF CEMETERY C   |   |  |                     | City, town, an                       |                        |            | otote)                         |  |  |
| 23. FUNERAL DIRECTOR'S                                | SIGNATURE  |               | ADDRESS                   |   | 24a. REC'D BY  | REGISTRAR           | 24b. REGIS                           | TRAR'S SIGN            | ATURE      |                                |  |  |
| Josepali,   | of Frant   | North         | 1 East, Mary 1a           | nd                                      | DATE AUG   | 11 '59              | 0                                    | inthun S.              | Times      | 11-135                         |  |  |

| and the state of t | ATE OF DEATH   | CERTIFIC        | ***                |           |
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|  | Darent J. Descriptor   |                 | STORESTEE , L. TAO |           |
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| Section and Section 18   | For the same state of the same | that the second |                    |           |
|  | History Sung J'd.  |                 | O.Doldon, L.D      | a Current |
| ha to a contra   |  | Annes ober en   |                    |           |

| 5. A L. A. A. MINER: This certificate should be executed within 24 hours after death. If any delay in fecunity, please | sho      |  | Crea   | - |
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| certi  | pend     | er's   | e us   |   |
| his  | : P      | Juin   | P  |   |
| K: -   | WOL      | Ex   | hon  |   |
| Z  | the      | lico   | 3  |   |
| AB   | Bu       | C. Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. | IRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior ta butial, area |   |
| 1  |          |  | SK:  |   |
| ZA   | 3        | Ü  | 5  |   |
| ĺ  |          |  | IRE  |   |

VS. A15ME(S) SM 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8998 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

|                            |   | 0000   |                             |                                |               |   |                        |  | Reg. D             | ist. No       | J.                   |                    |
|----------------------------|---|--|-----------------------------|--------------------------------|---------------|---|------------------------|--|--------------------|---------------|----------------------|--------------------|
| a. CO                      | OF DEATH                                | cil  |                             | MARYL                          | AND           | 2. USUAL RESIDENCE (M                                     | /here deced            |  | ntion: Reside      |               | fare admi            | ssion)             |
| 000                        | d give negrout town                     | outside corporale limits, writ   | e RURAL                     | c. LENGTH OF STAY IN           |               | c. CITY OR TOWN (IF                                       |                        | rporate limits, write                    | 1-1-               | d give n      | earest la            | wn)                |
| d. NA                      | ME OF HOSPIT                            |  |                             | ital, give street address)     |               | d. STREET ADDRESS   | seph                   |  |                    |               | ON                   | SIDENCE<br>A FARM? |
| 3. NAME<br>-DECEA<br>(Type |   | Fir<br>Job   |                             | Middle<br>J E                  | Ber           | Lost  | 4. DATE<br>OF<br>DEATH | Mont<br>8                                |                    | Day           |                      | <del>5</del> 9     |
| . SEX                      |   | 6. COLOR OR RACE   | 7. MARRIER                  |                                |               | DATE OF BIRTH   |                        | 9. AGE (In years lost hirthday) 52. yrs. | IF UNDER<br>Months | 1YEAR<br>Doys | IF UND<br>Hours      | ER 24 HRS.<br>Min. |
| during                     | AL OCCUPATION OF WORKING                | ON (Give kind of work no life, even if refired) S.Bertz (                      | done 10b. KI                | ND OF BUSINESS OR IN           | IDUSTR        | In BIRTHPLACE (Shore)                                     |                        | country)                                 |                    | J.S.          |                      | COUNTRY            |
| 3. FATH                    | Sheld                                   | on S Beri  | 5 <b>2</b> %                |                                |               | 14. MOTHER'S MAIDEN N                                     |                        | ie                                       |                    |               |                      |                    |
| 15. WAS<br> Yes, no, er    |   | ER IN U. S. ARMED FO<br>(If yes, give war or dotes of                          |                             |                                |               | FORMANT W.S.Sulli   |                        | Address                                  |                    | Pa            |                      |                    |
| 4                          |   | TH (Enter only one cau IH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which) | 1                           |                                | na            | ry Occlusi  | on                     |  |                    | INTER         | RVAL BETWEET AND DEA | TH TH              |
| (a),                       | rise to imme<br>stating the<br>se lost. | diate couse underlying DUE TO  |                             |                                |               |   |                        |  | 100                |               |                      |                    |
| 2                          |   |  |                             |                                |               | OT RELATED TO THE TERM!                                   |                        |  | VEN IN PAR         |               |                      | RMED?              |
| PRIM<br>CAUS               | SE OF DEATH.                            | NTRIBUTING []  |                             |                                | ED. (Er       | iter nature of injury in Port                             | l ar Port II           | I of item 18.}                           |                    |               |                      |                    |
| 20c.                       | Hour o.m.                               | RY Month, Day, Yes   | 20d. IN<br>While<br>at work | Not while                      | PLAC<br>facto | E OF INJURY (Home, farm<br>ry, street, affice bldg., etc. | 20f. (Cit              | y or town)                               | (Co                | unty)         |                      | (State)            |
| deo                        | th resulted                             |  | -                           | emoins described  Accident [], |               | e, held on Autops<br>ide, Homicide                        |                        | Inspection A                             |                    |               |                      | find tho           |
| 100                        | NATURE                                  | .Dodson  | 100-                        | oure                           | 90            | ASSISTANT MEDICAL EX                                      | L EXAMIN               | ER 🗌                                     | 8-23               | 1-59          | DATE S               | IGNED              |
| PEM                        |   | N, 22b. DATE THEREC  | 1959 2                      | 2c. NAME OF CEMETER            | YORG          | PEMATORY COLL 2   | 22d. LOCA              | TION (City, town,                        | os/county)         | Par           | (State               | b)                 |
|                            |   | 's SIGNATURE<br>June al Ha   | me a.                       | ADDRESS /3-9 Q                 | in.           | aine  | AUG 2 5                | TRAR 246. REGI                           | STRAR'S SIC        | - 4           |                      |                    |

described the language of the second TO THE OWNER OF THE PARTY OF TH the End of paint 25 process (Tylands Wales four begand adopted to its year in restriction

or removal.

VS. A15ME(5) 5M 9/55

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#### 8999 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

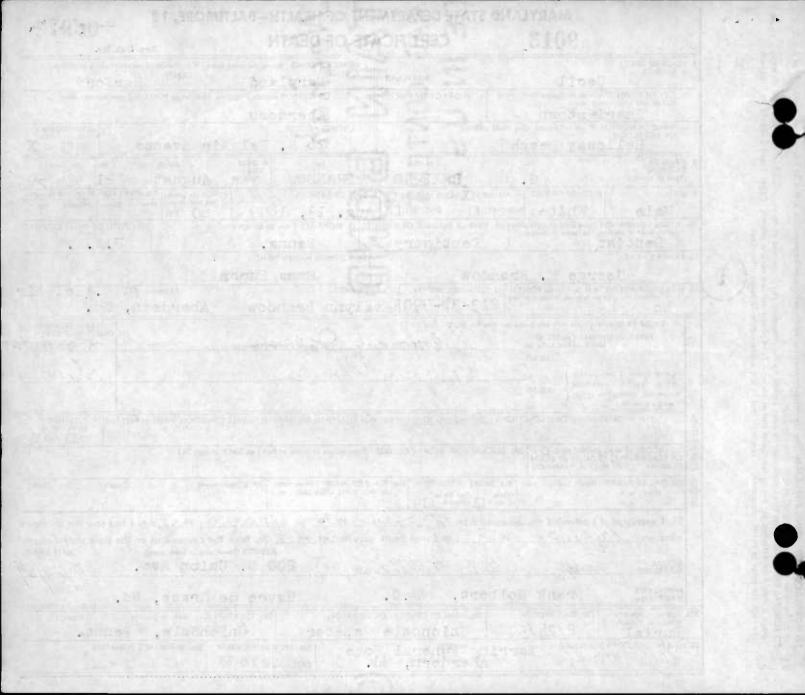
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|      |       |     | U | 0 | y | 6 | 1 |
|------|-------|-----|---|---|---|---|---|
| Reg. | Dist. | No. |   |   | _ |   | 4 |

| 1,            | LACE OF DEATH  |  |               |                             | 2. USUAL RESIDENCE              | CE (Where decease  |   |                   | before od  | lmission)  |
|---------------|--|--|---------------|-----------------------------|---------------------------------|--------------------|---|-------------------|------------|------------|
|               | Cec  | il   |               | MARYLAND                    | o. STATE<br>Marvi               | and                | b. COUNT                                | Gecil             |            |            |
| Ł             | and give nearest town                                    |  | e RURAL       | c. LENGTH OF STAY IN 16     | c. CITY OR TOWN                 | N (If outside corp | porote limits, write                    | RURAL and giv     | e neorest  | town)      |
| _             | Elkto  |  | If not in hos | pital, give street address) | /d. STREET ADDRE                | Deposit            |   |                   | 24 2       | RESIDENCE  |
|               |  |  | in nor m nos  | prior, give street dooress) | O. STREET ADDRE                 | The set of         | 1000                                    |                   | 0          | N A FARM?  |
| -             |  | n Hospital   |               |                             |                                 | Main S             | <b>6</b>                                |                   | YES        | По         |
| 1             | NAME OF<br>DECEASED                                      | Fir  | rst           | Middle                      | Last                            | 4. DATE<br>OF      | Mont                                    | h D               | ay         | Year       |
|               | (Type or print)  | Roy  | -             | A                           | Bond                            | DEATH              | 8                                       |                   | 3          | 1959       |
| 5. \$         | EX   | 6. COLOR OR RACE   | /- MARRIE     | ED NEVER MARRIED 2 8.       | DATE OF BIRTH                   |                    | 9. AGE (In years last birthday)         | Months Day        |            | Min.       |
|               | M.   | C  | WIDOWE        |                             | 10-13-1                         |                    | 55 yrs.                                 | 10                | Hour       | Min.       |
| 10a           | . USUAL OCCUPATION                                       | ON (Give kind of work  | done 10b. K   | CIND OF BUSINESS OR INDUST  | 11. BIRTHPLACE (S               | Stote or foreign c | ountry)                                 | 12. CITIZEN       | OF WHA     | T COUNTRY? |
|               | Janitor  | 9 110, 01011 11 1011/00/   | - 34          | cleaning                    | Marvl                           |                    |   | II.               | S.A.       |            |
| 13.           | FATHER'S NAME  |  | CT (1)        |                             | 14. MOTHER'S MAIDE              |                    |   |                   |            |            |
|               |  | George B   | ond           |                             |                                 | Malinda            | a Moore                                 |                   |            |            |
|               |  | ER IN U. S. ARMED FO   | RCES? 16.     | SOCIAL SECURITY NO. 17. IN  | FORMANT                         |                    | Address                                 |                   |            |            |
| f as          | . no, or unknown)  | Iff yes, give wor or dates of  | service) 2    | 18-09-3618                  | Bertha Bro                      | m. Daw             | t Denosid                               | h 112             |            |            |
|               | IR. CAUSE OF DEAT  | TH [Enter anly ane cau   | se per line   | for (a), (b), and (c), 1    | LAT VIE DIC                     | TOT PIN            | TEOOTH                                  | 10                | TERVAL DET | WEEN       |
|               | PART I. DEAT   | H WAS CAUSED BY:   |               |                             |                                 |                    |   | C                 | NSET AND E | DEATH      |
|               | 260X   | IMMEDIATE CAUSE (o)  |               | Uremia and                  | Diabetes                        | Injury             | to Chest                                | ?                 |            |            |
|               |  | DUE TO   |               |                             |                                 |                    |   |                   |            |            |
|               | Conditions, if a   |  |               |                             |                                 | 1                  |   |                   |            |            |
|               | gove rise to immed<br>(o), stoting the u                 |  |               |                             |                                 |                    |   |                   |            |            |
|               | cause last.  | ) (c)  |               |                             |                                 |                    |   |                   |            |            |
| O             | PART II. OTH   | ER SIGNIFICANT CON   | DITIONS CO    | INTRIBUTING TO DEATH BUT N  | OT RELATED TO THE TI            | ERMINALDISEASI     | E CONDITION GIV                         | EN IN PART 1(c    | 19. WA     | S AUTOPSY  |
| ZYI           | 1008   |  |               |                             |                                 |                    |   |                   | YES [      | FORMED?    |
| CERTIFICATION | 20a. EXTERNAL CAL  | SE WAS _ 20  | b. DESCRIBE   | HOW INJURY OCCURRED. (E     | nler noture of injury in        | Port I or Port II  | of item 18.)                            |                   |            |            |
| CER           | 20a. EXTERNAL CAL<br>PRIMARY   ar CON<br>CAUSE OF DEATH. | AIKIBUTING L   |               |                             |                                 |                    |   |                   |            |            |
|               | 20c. TIME OF INJUR                                       | Y Month, Day, Yea  | pr 20d. 1     | NJURY OCCURRED   200. PLAC  | E OF INJURY (Home,              | form, 120f. (City  | or town)                                | (County)          |            | (Stote)    |
| MEDICAL       | Haur a. m.   | 19   | While         |                             | ry, street, affice bldg.,       | , etc.)            |   | (000111))         |            | (0.0.0)    |
| 2             | p. m.  |  |               | emoins described obov       | o hold on Aut                   |                    |   | Landa f           |            | 1.61 1.1   |
|               |  |  | -             |                             |                                 |                    | rspection                               |                   | ond        | find that  |
|               | death resulted   | from: Natural  | couses        | , Accident , Suid           | ide [], Homic                   | cide [], U         | ndetermined o                           | couse [].         |            |            |
|               | ACTUAL   | 100  | 1/4)          | 121/1/19                    | 1                               |                    |   |                   | DATE       | SIGNED     |
|               | SIGNATURE  | 111  | 1/0-          | VUVV                        | M.D. CHIEF MEDICA               | AL EXAMINER        |   |                   | DAIS       | 2101120    |
|               | EXAMINER'S   |  |               |                             | ASSISTANT ME                    | DICAL EXAMINE      | R                                       | 8. 21. 5          | 'n         |            |
|               | NAME (Type)  | R.C.Dods   | on            |                             | DEBUTY MEDIC                    | CAL EXAMINER       | 1                                       | 8-14-5            | 7          |            |
|               | BURIAL, CREMATIO   |  |               |                             | DEPOTT MEDIC                    |                    | N                                       |                   |            |            |
| 220           | DEMOVAL IC   | THE THE PARTY OF T | OF I          | 22c. NAME OF CEMETERY OR    |                                 |                    | TION (City, tawn,                       | or county)        | , (S)      | ote)       |
| 220           | REMOVAL (Specify)  | 8-17-  | 59            | La ma                       |                                 |                    | 2                                       | or county) - Cec  | 100 .      | md,        |
|               |  | 8-17-  | 59            | La ma                       | REMATORY  Great Co.  2 (240. 1) | M. Cofe            | TION (City, town,                       | or county)  - Cec | la,        | _ /        |
|               | Bur ital   | 8-17-  | 59            | Lanes man                   | REMATORY  Great Co.  2 (240. 1) | m Coke             | TION (City, town, Cofury) RAR 24b. RFG! | - Cec             | Co.        | _ /        |

Salandlo onno shirt ho orne . br .dinoget duot . met un nelema C described to Tue of Section 10 Section 1 For selver in the survivation of the survivation of the contraction of the survivation of 

| 11.             | PLACE OF DEATH  |  |  |  | 2. USUAL RESIDENCE (W  | here decease  | d lived. If institu   |  | Dist. No.                    | odmissio        | on)         |
|-----------------|---|--|--|--|--|---|---|--|------------------------------|-----------------|-------------|
|                 | a. COUNTY   | Cecil  |  | MARYLAND   | a. STATE Marul   | _   | b. COUNT  | Y  | arfor                        |                 | /           |
|                 | b. CITY OR TOWN<br>RURAL and give   | (If outside corporate limi   | its, write   | c. LENGTH OF STAY IN 16  | c. CITY OR TOWN (IF  | autside carp  | orate limits, write   | RURAL one                                | d give near                  | est fawn)       |             |
| L               | Cha   | rlestown   |  |  | Aberd  | een   | 12  | 31-2                                     | 76                           |                 |             |
|                 | OR INSTITUTION HOL  | TAL (If not in hospital, gloway Beat   | give street ac<br>ch   | idress)  | d. STREET ADDRESS 76 E.  | Bel   | Air Av  | enue                                     | e                            | ON A            |             |
| 3.              | NAME OF<br>DECEASED<br>(Type or print)  | Fir<br>G   | rst  | Middle<br>REXFORD  | Lost<br>BRANDOW  | 4. DATE<br>OF<br>DEATH                                  |   | enth<br>B t                              | Doy<br>21                    |                 | eor<br>9 59 |
| 5.              | SEX   | 6. COLOR OR RACE   | 7. MARRIE  | D NEVER MARRIED  | B. DATE OF BIRTH   |   | 9. AGE (In year   | IF UND                                   | ER I YEAR                    | IF UNDER        | R 24 HRS.   |
| L               | Male  | 112477 6.0   | WIDOWED  |  |  | 899   | lost birthdoy)  |  | Doys                         | Hours           | Min.        |
| 100             | during most of wo   | rking life, even if refired  | )  | nd of Business or Ind  | USTRY 11. BIRTHPLACE (SION   |   | ountry)   | 12. 0                                    | U.S                          |                 | COUNTR      |
| 13.             | FATHER'S NAME   |  |  |  | 14. MOTHER'S MAIDEN  | NAME  |   |  |                              |                 |             |
| L               | G   | eorge E. 1   | Brand  | ow   | Emma   | Burr  | Ŝ   |  |                              |                 |             |
|                 | WAS DECEASED EV<br>os. no. or unknown)<br>NO  | ER IN U. S. ARMED FOR<br>(If yes, give wor or dates of si  |  |  | informant<br>ivalynn Bran  | dow   | Aber  |  | 6 E.                         | Be]             | L Ai        |
|                 |   | ATH [Enter only one co   | use per line   | for (a) (b), and (c).]   | 0  |   |   |  | INTER                        | T AND           | WEEN        |
| Н               | PARI I. DE  | ATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (o   |  | fulmore  | en Heles   | us  |   |  | - 3                          | 5 Jus           | un          |
|                 |   |  |  |  | 1  |   |   |  |                              |                 |             |
|                 | 400.1   | DUE TO   |  | 0.   | M  |   |   |  |                              | 1               |             |
|                 | Conditions, if a gove rise to couse (a), stating tying couse tost.  | immediate (b)  | )  | Caronary   | Thembore   | 0   |   |  | 1                            | hon             | us.         |
| ICATION         | gove rise to couse (a), stating lying couse lost.  PART II. OT  | ony, which   (b immediate   DUE TO   I the under   (c)   HER SIGNIFICANT CON   | )  | CASANAVA TO DEATH BU   | Thembore IT NOT RELATED TO THE TERM  | IINAL DISEAS  | SE CONDITION G  | VEN IN PA                                |                              | . WAS AI PERFOR | MED?        |
| CERTIFI         | gove rise to couse (a), stating lying couse lost.  PART II. OT  | ony, which (b immediate the under (c)  | )<br>)<br>DITIONS CO   |  | T NOT RELATED TO THE TERM  |   |   | VEN IN PA                                |                              | PERFOR          | MED?        |
|                 | gove rise to couse (a), stating lying couse lost.  PART II. OT  | ony, which immediate DUE TO (c) THER SIGNIFICANT CON  AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)   | DITIONS CO   | IBE HOW INJURY OCCURR  |  | Port I ar Por   | t 11 of item 18.)   | VEN IN PA                                |                              | PERFOR          | NO MEDS     |
| CAL CERTIFI     | gove rise to couse (a), stating lying couse tost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJU Haur a. m. p. m.  | AS UNDERLYING CAUCHER SIGNIFICANT CON  AS UNDERLYING CAUCHER C | 20b. DESCR  20b. DESCR  20d. INJ  While of work  | URY OCCURRED 20e. F Not while of work 1  | ED. (Enter noture of injury in LACE OF INJURY (Home, for octory, street, office bldg., etc.)   | Port I ar Poi   | 1 11 of item 18.) y or town)  | Q.,that                                  | (County)                     | PERFOR<br>YES W | (Stote      |
| CAL CERTIFI     | gove rise to couse (a), stating lying couse lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY) 20c. TIME OF INJU Haur a. m. p. m.  21. I certify to  | AS UNDERLYING CAUCHER SIGNIFICANT CON  AS UNDERLYING CAUCHER C | 20b. DESCR   | URY OCCURRED 20e. F Not while of work 1  | ED. (Enter noture of injury in LACE OF INJURY (Home, farroctory, street, office bldg., etc.), 1934, to h accurred at 44                  | Port I ar Port  | 1 11 of item 18.) y or town)  | Q.,that I and an , stote)                | (County)                     | PERFOR<br>YES W | (Stote)     |
| CAL CERTIFI     | gove rise to couse (a), stating lying couse tost.  PART II. OT  200. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF)  20c. TIME OF INJU Hour a. m. p. m.  21. I certify it alive on  | AS UNDERLYING CAUCHER SIGNIFICANT CON  AS UNDERLYING CAUCHER C | 20b. DESCR  20b. DESCR  The property of the pr | URY OCCURRED 20e. F  Not while of work 1  If from Mary Sand.  1, and that deat  Clear Mary Sand. | ED. (Enter noture of injury in LACE OF INJURY (Home, for octory, street, office bldg., etc.), 19.34, to 6.00 h accurred at 4.00 M.D. 200 | Port I or Port  m, 20f. (Cir.  L.)  M, froi  ADDRESS (S | or town)  1 If of item 18.)  1 Or town)  1 2/, 19  1 The causes'  1 treet, city or town                 | A.,that I<br>and an<br>, stote)<br>Ave . | (County) I lost say          | PERFOR<br>YES W | (Stote)     |
| MEDICAL CERTIFI | gove rise to couse (a), stating lying couse tost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJU Hour a. m. p. m.  21. I certify to alive on ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) | AS UNDERLYING CAUSE OF DEATH (MEDICAL EXAMINER)  RY Month, Day, Yes  That I ottended the  Frank  DN. 22b. DATE THEREO  | 20b. DESCR  20b. DESCR  or 20d. INJ  While at work    deceased  Wolbe  | URY OCCURRED 20e. F.                                      | ED. (Enter noture of injury in LACE OF INJURY (Home, form portory, street, office bldg., etc.)  A. 1934, to  h accurred at  M.D          | Port I or Poi   | or town)  1 II of item 18.)  1 II of item 18.) | A., that I and an , stote) A.V           | (County) I lost say the date | w the costotec  | (Stote      |



TO FUNERAL DISC. A ter this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remays carbon papers. Pages 1 of the registrar priar to burial, cremation, ar remayal, and in any event within 72 hayrs after death.

VS A15 (4) 15M 9/55

PHYSICIAN: The law requires that the death certificate be executed within 2

065

eath: Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9000

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

| 1. PLACE OF DEATH<br>o. COUNTY  | Cecil  |           | MAR                          | YLAND        | 2. USUAL RESIDENCE<br>STATE<br>Marylan                 | - 40 0711                 | b. COUNTX  | ecil              | e before admi             | ssion)                           |
|---|--|-----------|------------------------------|--------------|--|---------------------------|--|-------------------|---------------------------|----------------------------------|
| b. CITY OR TOWN (I RURAL and give no Elkto                            |  | s, write  | 55yrs.                       | (IN 1b       | c. CITY OR TOWN  X Elkton                              |                           | rote limits, write R                               | URAL and g        | ive nearest tov           | m)                               |
| d. NAME OF HOSPIT<br>OR INSTITUTION                                   | Union H  | 100       |                              |              | d. STREET ADDRESS                                      |                           |  |                   | ON                        | SIDENCE<br>A FARM?<br>NO         |
| 3. NAME OF<br>DECEASED<br>(Type or print)                             | Fir<br>Thoma   |           | Middle<br>H.                 | Bro          | Lost   | 4. DATE<br>OF<br>DEATH    | Mon<br>Augus                                       |                   | Day                       | Year<br>19 59                    |
| 5. SEX<br>Male  | 6. COLOR OR RACE White   | 7. MARR   |                              |              | B. DATE OF BIRTH April 16,                             | 1892                      | 9. AGE (In years lost burthday) yrs.               |                   | YEAR IF UND<br>Days Hours | ER 24 HRS.                       |
| during most of work   | ON (Give kind of work oking life, even if retired                            | lone 10b. | kind of Business of erial Pr | odu o        | stry 11. BIRTHPLACE (SI                                | Va.                       | ountry)  |                   | S. A                      |                                  |
| 13. FATHER'S NAME   |  |           |                              |              | 14. MOTHER'S MAIDE                                     | N NAME                    |  |                   |                           |                                  |
| Geo   | orge G. B  | rown      |                              |              | Mario  | n Harl                    | an   |                   |                           |                                  |
| 15. WAS DECEASED EVE  | R IN U. S. ARMED FOR   | CES? 16.  |                              | D. 17. I     | NFORMANT   |                           | Addr   | ess               |                           |                                  |
| (Yes, no, or unknown)   | (If yes, give war or dates of so   | rvice)    | 3-05-615                     | 5 Ge         | ertrude A.   | Deibe                     | rt, Bow  | St.               | Elkto                     | n, M                             |
|   | ATH (Enter only one co<br>ATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (o<br>DUE TO |           |                              |              | ascular a  |                           | t  |                   | INTERVAL BONSET AND       | DEATH                            |
| Conditions, if a gove rise to it couse (o), stoting lying couse lost. | mmediate the under-  |           | 100                          |              |  |                           |  |                   |                           |                                  |
|   |  |           |                              |              | NOT RELATED TO THE TE                                  |                           |  | EN IN PART        | PERF                      | AUTOPSY<br>ORMED?                |
|   | AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)                              | 205. DESC | CRIBE HOW INJURY O           | OCCURRE      | D. (Enter noture of injury                             | in Port I or Por          | t II of item 18.)                                  |                   |                           |                                  |
| 20c. TIME OF INJUR<br>Hour a. jr.<br>p. m.                            | Y Month, Day, Yeo  | While     | Not while of work            | 20e. PL      | ACE OF INJURY (Home, f<br>story, street, office bldg., | farm, 20f. (City<br>etc.) | or town)   | (Ca               | ounty)                    | (State)                          |
| 21. I certify the alive on Alle SIGNATURE  PHYSICIAN'S NAME (Type)    |  | 195       | moleus                       | death        | n.D.   | 58 M, from<br>ADDRESS (S  | 1 1959 In the causes a reet, city or town, E. Main | nd on th          | e date stat               | decease<br>ed above<br>ATE SIGNE |
| 220. BURIAL, CREMATIO<br>REMOVAL (Specify)                            | 8-23-1   |           | 22c. NAME OF CEM<br>Elkton   |              |  |                           | rion (City, town, o                                | r county)<br>Mary | Land (Sto                 | te)                              |
| W. H. Pi  | s signature 7/. oppin Fune   | ral       | Home E                       | 9 E.<br>lkto | main 24d. R  | EC'D BY REGIST            |  | TRAR'S SIG        | NATURE<br>8. Krane        |                                  |

A STATE OF THE PARTY OF THE PAR The company that believed the decrease in the control of the contr and bear still all to has says an any M. D. and Santia Mail Call his . . . . STOREGE PROTECTION OF CHEST STORES OF THE STORES

CERTIFICATE OF DEATH

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|   | 0021  |   |   |                                     | Reg. Dist.                     | No. 70                                 |
|---|---|---|---|-------------------------------------|--------------------------------|--|
| PLACE OF DEATH     O. COUNTY              | Cecil   | MARYLAND  |   | there deceased lived. If ins        |                                | befare admission)                      |
| B. CITY OR TOWN RURAL and give Perry Poi  |   | 2mos 12 days  | c. CITY OR TOWN (IF   | outside corporate limits, wr        | ite RURAL and give             | nearest town)<br>L7X-3                 |
| OR INSTITUTION                            | PITAL (If not in hospital, give str<br>Administration     |   | d. STREET ADDRESS   | ury Place, N.                       | . W.                           | e. IS RESIDENCE<br>ON A FARM<br>YES NO |
| 3. NAME OF<br>DECEASED<br>(Type or print) | First Frantz  | Middle  | Lost Capps  | 4. DATE<br>OF<br>DEATH              | Month                          | Day Year 30 19 5                       |
| S. SEX                                    | 6. COLOR OR RACE 7. M                                     |   | B. DATE OF BIRTH 3-28-12                                    | 9. AGE (In yolgst birthd            |                                | EAR IF UNDER 24 H                      |
| 10a. USUAL OCCUPAT<br>during most of wo   |   | 06. KIND OF BUSINESS OR INDU  | Greensbor   |                                     | 12.CITIZEN                     | OF WHAT COUNTI                         |
| 13. FATHER'S NAME Henry Cat               | ps (Deceased)   |   | 14. MOTHER'S MAIDEN   | inger (Decease                      | (hea                           |  |
|   | VER IN U. S. ARMED FORCES?                                |   | NFORMANT<br>Spital Record                                   | •                                   | Address                        | Ma                                     |
| 200. ACCIDENT V                           | g the under.  t. (c) (c)  THER SIGNIFICANT CONDITION  Art | Infection massi<br>lisarticulation<br>NS CONTRIBUTING TO DEATH BUT<br>teriosclerotic<br>DESCRIBE HOW INJURY OCCURRE | of right le   | inal disease condition th lower ext | GIVEN IN PART 1(               | PERFORMED                              |
|   | JRY Month, Doy, Year 20                                   | d. INJURY OCCURRED 20e. PL nile Not while fo  | ACE OF INJURY (Hame, for<br>ctory, street, office bldg., et | n, 20f. (City or town)              | {Cour                          | nty) (Sto                              |
| 21. I certify                             | that attended the deco                                    | eased fram 6-18  CAREY  | M.D. VA Hospi   |                                     | s and on the d<br>town, stote) | late stated abo<br>DATE SIGN<br>8-31-  |
| REMOVAL (Specif                           | " 9/2/59  | 22c. NAME OF CEMETERY C<br>Arlington Na   | ational   | Ft. Myer,                           | Va.                            | (State)                                |
| 23. FUNERAL DIRECTO                       |   | ADDRESS  Lavre de Grace,  |   |                                     | REGISTRAR'S SIGNA              | ATURE                                  |

the attending physician and campletely filled in by the fun Then please remave carbon popers. Pages 1 and 2 shauld death. event within 72 hours other certificate has been signed by the as the buriol-transit rematian, ar remaval, page 3 shauld be detached far

requires that the death certificate be

TO FUNERAL DIRECTOR: After this

the registrar priar ta burial

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Perry Toint, IV. | Smort 18 days | Neshington

A. Carrier Committee of the Committee of

A.S.5 Greenmage Greenmage, b.c. 5.8.A.

Entry Coppe (Deceased) Later Troi Inger (Deceased)

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Arisington Matsage - Land House, We.

08975 Reg. Dist. No. 96

| a. COUNTY  | Cecil  |                  | MARYL                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY |                              |                        |                                    |            |           |                                   |  |  |
|--|--|------------------|------------------------------|---|------------------------------|------------------------|------------------------------------|------------|-----------|-----------------------------------|--|--|
| b. CITY OR TOWN  | Ilf outside corporate limits, write Rt                     | JRAL             | c. LENGTH OF STAY II         |   | c. CITY OR TOWN (IF          |                        | norote limits write                | RURAL      | nd aive a | neorest lown)                     |  |  |
| and give nearest to  |  |                  | 24 years                     |   |                              |                        |                                    | , KOKAE O  | · ·       | 1,4                               |  |  |
|  | PITAL OR INSTITUTION (If n                                 | at in housi      |                              |   | Baltimore 3V01, 4            |                        |                                    |            |           |                                   |  |  |
|  |  |                  |                              | '   |                              | 36.73                  |                                    |            |           | ON A FARM?                        |  |  |
|  | Administrati   | on H             |                              |   | 510 W.                       | Mulb                   | erry                               |            |           | YES NO T                          |  |  |
| 3. NAME OF<br>-DECEASED<br>(Type or print)                   | First  | RD               | Middle M.                    | DDI   | Lost<br>ELAUGHTER            | 4. DATE<br>OF<br>DEATH | Augu                               |            | Day<br>28 | Year<br>19 59                     |  |  |
| S. SEX   | 6. COLOR OR RACE 7.  | MARRIED          | NEVER MARRIED                | 8.  | DATE OF BIRTH                |                        | 9. AGE (In years<br>lost birthday) | IFUNDE     |           |                                   |  |  |
| Male   | White w  | DOWED            | DIVORCED [                   |   | 11-25-95                     |                        | 63 yrs.                            | Months     | Days      | Hours Min.                        |  |  |
| 10a. USUAL OCCUPA' during most of work Min                   | TION (Give kind of work darking life, even if retired) LET |                  | nd of Business or II unknown | NDUSTR  | 11. BIRTHPLACE (State        |                        | country)                           |            | TIZEN O   | F WHAT COUNTRY?                   |  |  |
| 13. FATHER'S NAME  |  |                  |                              |   | 14. MOTHER'S MAIDEN N        | AME                    |                                    |            |           |                                   |  |  |
|  | Edward Del   | Laugh            | ter                          |   | Unknown                      |                        |                                    |            |           |                                   |  |  |
| 15. WAS DECEASED   | EVER IN U. S. ARMED FORCE                                  | ES? 16. SO       |                              | 17. IN  | FORMANT                      |                        | Address                            | 1          |           |                                   |  |  |
| Yes, no, or unknown)   | Ilf yes, give war or dates of serv                         |                  | unknown                      | Hos   | pital Recor                  | rds.                   | VAH. Per                           | rv P       | oint      | . Md.                             |  |  |
| Conditions, if gave rise to imm (a), stoting the couse last. | nediate couse  |                  |                              |   | ge - fractu tempore          | al box                 | ne                                 |            |           | 19. WAS AUTOPSY PERFORMED? YES NO |  |  |
| PART II. O  20g. EXTERNAL C PRIMARY Day C CAUSE OF DEATH     | AUSE WAS ONTRIBUTING D                                     |                  |                              |   | ter nature of injury in Port |                        |                                    |            |           |                                   |  |  |
|  |  | While<br>at work | Not while of work work work  | obov  |                              | Per                    | ry Point                           | Ce,        | iry 🛨     | (Stote) Maryland , ond find that  |  |  |
| ACTUAL   | neen   | ac               | Ren                          | 1   | M.D. CHIEF MEDICAL EX        |                        |                                    |            |           | DATE SIGNED                       |  |  |
| EXAMINER'S<br>NAME (Type)                                    | R. C.  | DOD              | SON                          |   | DEPUTY MEDICAL E             | XAMINER E              | 29                                 |            | 8-2       | 28-59                             |  |  |
| 220- BURIAL, CREMAT<br>BEMOVAL (Specif                       | ION, 226. DATE THEREOF                                     |                  | 2c. NAME OF CEMETER          |   | REMATORY<br>National         |                        | TION (City, fown, lington,         |            |           | (Stote)                           |  |  |
| 23. FUNERAL DIRECTO  | TE LOST & SON,   | Havi             | ADDRESS<br>re de Grac        | e,  |                              | BY REGIST              | TRAR 24b. REGI                     | STRAR'S SI | IGNATU    | RE                                |  |  |

ry, please exerge 4 should be

TO DEPUTY M. ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay integraty, please executed the certificate should be contained in them 18. Give Pages 1, 2, and 3 to the funeral displayments of the should be forwarded the Companies of the contained for your fill the should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation.

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ar removal.

VS. A15ME(5) 5M 9/55

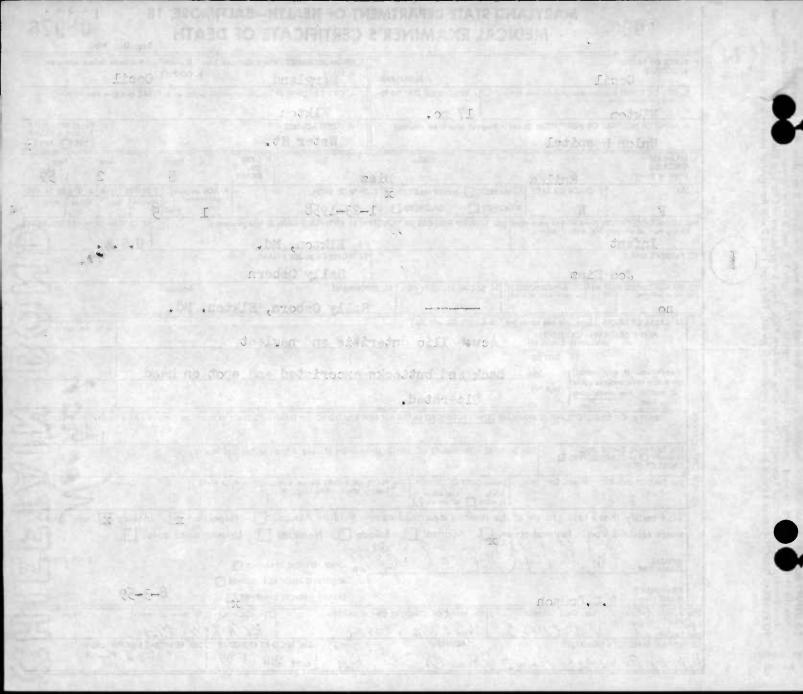
SOLD MEDICAL EXAMINARIS CERTIFICATE OF DEATH AND DESCRIPTION OF A DESCRIPTION OF PRINTING A named force . Ear . altronal Laterack . monage stell out to state of - daught o tall a city of The series of the series of the heart and the series THE RESERVE OF THE PROPERTY OF THE PARTY OF The state of the s

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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|---|----|---|---|---|
| U | U  | J | 6 | U |

Reg. Dist. No.

| 1.            | o. COUNTY Cec  | LAND                                | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  o. STATE MARYLAND b. COUNTY Cecil |  |               |                                      |                           |              |                              |        |           |                 |                           |                   |
|---------------|--|-------------------------------------|--|--|---------------|--------------------------------------|---------------------------|--------------|------------------------------|--------|-----------|-----------------|---------------------------|-------------------|
|               | b. CITY OR TOWN (III and give nearest town Elkton                      |                                     | RURAL  | c. LENGTH OF STAY                        | IN 1b         |                                      | rown (If                  | outside corp | orate timits,                | write  | RURAL on  | d give n        | earest to                 | iwn)              |
|               |  | al or institution (i<br>Hospital    | f not in hos   | pitot, give street oddress               | 5)            | ON ON                                |                           |              |                              |        |           |                 | ESIDENCE<br>A FARM?<br>NO |                   |
| 3.            | NAME OF<br>DECEASED  | Fin                                 | ıł   | Middle                                   |               | Last                                 |                           | 4. DATE      |                              | Month  |           | Day             | ١                         | fear              |
|               | (Type or print)  | Enilda                              |  |  | Die           | .2.                                  | No.                       | DEATH        | 500                          | 8      | - 187     | 2               | 1                         | 959               |
| 5.            | SEX  | 6. COLOR OR RACE                    | 7. MARRIE  | D NEVER MARRIED                          | 8.            | DATE OF BIRTH                        |                           |              | 9. AGE (In ye lost birthday) | non    |           |                 |                           | ER 24 HRS.        |
|               | F  | W                                   | WIDOWE   | DIVORCED [                               |               | -23-195                              | 8                         |              | 3                            | yrs.   | Months    | Days            | Hours                     | Min.              |
| 10            | during most of working  Tnfant   | ig life, even if retired)           | done 10b. K  | IND OF BUSINESS OR I                     | INDUSTI       |                                      | on. N                     |              | ountry)                      |        |           | SA              | F WHAT                    | COUNTRY?          |
| 13            | 3. FATHER'S NAME   |                                     |  |  |               | 14. MOTHER'S                         | MAIDEN N                  | IAME         |                              |        |           |                 |                           |                   |
|               | Joe  | Diaz                                |  |  |               | Sall                                 | y Osb                     | orn          |                              |        |           |                 |                           |                   |
|               | 5. WAS DECEASED EV   | ER IN U. S. ARMED FOI               |  | SOCIAL SECURITY NO.                      | 17. IN        | FORMANT                              |                           | S IN L       | Ad                           | dress  |           |                 |                           |                   |
| 1             | no   | I'm hard Brief most on online out a |  | -  | 100           | Sally 0                              | sborr                     | . Elki       | ton. M                       | d.     |           |                 |                           |                   |
|               | 57/.0 Conditions, if a gove rise to immed (o), stoting the couse lost. | diote cause                         |  | cute Ilio e<br>ck and butt<br>Ulcerated. | ocks          |                                      |                           |              | pot on                       | he     | ad        |                 |                           |                   |
| CERTIFICATION | PART II. OTH   |                                     |  | ONTRIBUTING TO DEATH                     |               |                                      |                           |              |                              | 4 GIVE | EN IN PAI | 11              | PERFO                     | AUTOPSY<br>DRMED? |
|               |  | NTRIBUTING [                        | b. DESCRIBI  | E HOW INJURY OCCUR                       | KED. (EI      | iter noture of inj                   | ury in Parl               | t or Port II | of item 18.)                 |        |           |                 |                           |                   |
| MEDICAL       | 20c. TIME OF INJUI<br>Hour o. m.<br>p. m.                              | RY Month, Day, Yea                  | While  |  | PLAC<br>focto | E OF INJURY (H<br>ry, street, office | lame, farm<br>bldg., etc. | 20f. (City   | or tawn)                     |        | (Co       | ounty)          |                           | (State)           |
|               | death resulted  ACTUAL SIGNATURE  EXAMINER'S                           | from: Natural of Dodson             | 10016  | emains described  , Accident [],         |               | CHIEF MI                             | amicide                   |              | -                            | -      |           | ry <b>1</b> 2]. |                           | find that         |
| 1             | RO. BURIAL, CREMATIO<br>PREMOVAL (Specify)                             | AUG 3,19                            | 59   | 22c. NAME OF CEMETE                      | RY OR         | YOR                                  |                           | ELA          | TON (City, to                | , 1    | 10        |                 | (Stot                     | le)               |
| 23            | I FUNERAL DIRECTOR   | S SIGNATURE HE                      | MEN  | Sorald 12 D                              | e. E          |                                      | 24g. REC'I                | UG 11        | 246.<br>59                   |        | TRAR'S SI | 0 10            |                           | -0                |



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VS A15 (4) 1SM 9/S8

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9016

CERTIFICATE OF DEATH

|  | Cecil  |  |   |                                      |                        |                                   |                  |                  |
|--|--|--|---|--------------------------------------|------------------------|-----------------------------------|------------------|------------------|
|  |  |  | MARYLAND                                | 2. USUAL RESIDENCE<br>o. STATE Distr | (Where deceased ict of | d lived. If instituti<br>Columbia | on: Residence be | efore admission) |
| 900 000 0                              | nearest town)  | 1 -  |   |                                      |                        | orate limits, write R             | URAL and give r  | nearest town)    |
| OR INSTITUTION                         | ١  | o. STATE District of Columbia  de corporate limits, write committed and give necree  of columbia  de corporate limits, write codes  or colly or forward (if outside corporate limits, write RURAL and give necree  washington  P. AGE (In years   Full Day  Washington  Washington  North Golf Washington  Interest of Self Washington  Interest of Self Washington  Address  WI S. A.  Is ST.  S. AMMED FORCES?   16. SOCIAL SECURITY NO.  WASHINGTON  Washington  Not ascertainable Hospital Records, VAH, Perry Point,  Will Washington  Address  Washington  W | e. IS RESIDENCE<br>ON A FARM?<br>YES NO |                                      |                        |                                   |                  |                  |
| NAME OF<br>DECEASED<br>(Type or print) | E OF DEATH UNITY  Cocil  MARYLAND  Occil  MARYLAND  Occil  MARYLAND  Occid  Occid  Occid  Occid  Maryland  Occid  Maryland  Occid  Maryland  Occid  Maryland  Occid  Occid  Occid  Occid  Maryland  Occid  Occid  Occid  Maryland  Occid  Occid  Occid  Occid  Occid  Maryland  Occid  O |  |   |                                      |                        |                                   |                  |                  |
| Male                                   | COUNT OCCUPATION (If soutide corporate limits, write and analysis of the control  |  |   |                                      |                        |                                   |                  |                  |
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| 3. FATHER'S NAME  Clem S.              | Ford Sr.   |  |   |                                      |                        |                                   |                  |                  |
| S. WAS DECEASED EN                     | (If yes, give wor or dates of  | service)   |   |                                      | Records,               | The first war                     |                  | nt, Md.          |
|  | EATH WAS CAUSED BY:  | Brone  |   | a, Unresolved                        | , bilat                | eral                              |                  | NSET AND DEATH   |
| gave rise to<br>couse (a), stotin      | any, which ) ( immediate   DUE To  | Pyelon   | nephritis,                              | right kidney                         |                        |                                   | 1                | 0-15 days        |
| PART II. O                             | THER SIGNIFICANT COI   | , gener  | alized, mod                             | lerately seve                        | re.                    | 5 YES                             | /EN IN PART 1(a) | PERFORMED?       |
|  | FY MEDICAL EXAMINER)   | 20b. DESCRIBE  | HOW INJURY OCCUR                        | RED. (Enter nature of injury         | in Part 1 or Por       | t II of item 18.)                 |                  | EFF              |
|  |  | While  | Not while_                              |                                      |                        | or town)                          | (Count           | y) (Stot         |
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| PHYSICIAN'S<br>NAME (Type)             | J. L. G  | STATES TO PA   |   |                                      |                        |                                   |                  |                  |

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### **CERTIFICATE OF DEATH**

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| Reg. | Dist. | No. |    |   | v | - | 4 |

|  |  |             |  |           |   |  |                    | Keg. Dist.    | No.    |          |         |
|--|--|-------------|--|-----------|---|--|--------------------|---------------|--------|----------|---------|
| 1. PLACE OF DEATH  |  |             |  | 2. U      | SUAL RESIDENCE (                        | Where decease  |                    |               | befor  | e odmiss | ion)    |
| Ceci1 MARYLAND   |  |             |  |           | land                                    | B. COUNTY  |                    | 11            |        |          |         |
| b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16  |  |             | c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) |           |   |  |                    |               |        |          |         |
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|  |  |             |  |           |   | North  | Rast               |               |        | 10.000   | DENICE  |
|  |  | give street | oddress)   | 1/5       | STREET ADDRESS                          |  |                    |               | 1      |          |         |
|  | Union  |             |  |           |   |  |                    |               |        | YES [    | NO      |
|  | Fi   | rst         | Middle   |           | Losi                                    | 4. DATE  | Mor                | nth           | Day    | ,        | Year    |
|  | C/h  | 0 m1 00     |  | P         |   | OF<br>DEATH  |                    |               |        |          |         |
|  |  |             |  | 1         |   |  | . 0                | ILE LINIDER 1 |        |          |         |
| ). SEA   | B. COLOR OR RACE   | /· MARI     | RIED   NEVER MARRIED   | O. DA     | IE OF BIRTH                             |  | last birthdoy)     | -             |        |          |         |
| Male   | White  | WIDOW       | ED DIVORCED  | A         | uguat 12.                               | 1889   | 70 yrs.            |               | -/-    |          |         |
| 00. USUAL OCCUPAT  | ION (Give kind of work   | done 10b.   | KIND OF BUSINESS OR INDU   | JSTRY     | 11. BIRTHPLACE (Sta                     | ote or foreign c   | country)           | 12. CITIZ     | EN OF  | F WHAT   | COUNTR  |
|  |  |             | Det 5 vec  |           | Mann                                    | -1 and   |                    |               | TIC    | Α.       |         |
|  | TITOMU CATO  | enter       | VET 2 AT2  | 14        |   |  |                    |               | nov    | 8        |         |
| or invited by water  |  |             |  | ,         | MOTTER D'MANDET                         | 1 TANKE  |                    |               |        |          |         |
|  |  |             |  |           |   | Marga  | ret O'Ril          | lev           |        |          |         |
|  |  |             | SOCIAL SECURITY NO. 17.  | INFORM    | TANT                                    |  | Add                | ress          |        |          |         |
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|  |  | ouse per ii | A  | 1         |   |  |                    |               | ONSI   | ET AND   | DEATH   |
| PART I. DI   |  | )(          | Orchary Ul   | elu.      | 1.04                                    |  |                    |               |        | 30 4     | Frs.    |
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|  | g the under-   | )           |  |           |   |  |                    |               | 200    |          |         |
|  | . (  | c)          |  |           |   |  |                    |               |        |          |         |
| PART II. O   | THER SIGNIFICANT CON   | NOITIONS    |  |           | RELATED TO THE TER                      | RMINAL DISEAS  | SE CONDITION GIV   | VEN IN PART 1 | (o) 19 | WAS .    | AUTOPSY |
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|  | AS HNDERLYING/   | 20h DES     | CRISE HOW INJURY OCCURR  | FD /Ent   | er noture of injury                     | in Part Lor Par  | rt II of item 18 ) |               |        |          | 74      |
| OR CONTRIBUTIN   | G CAUSE OF DEATH   | 200.003     | this flow indokt occors  | LO. ĮLIII | -                                       |  |                    |               |        |          |         |
|  | Y MEDICAL EXAMINER)  |             |  |           |   |  | Professional       |               |        |          |         |
| 20c. TIME OF INJU  | .,,,   |             | 1.   |           |   |  | y or town)         | (Co           | unty)  |          | (Stote  |
| Hour o. m  | 10   | While       | IAOI WINIE   | octory, i | arreer, ornice blog.,                   | erc.)  | -                  |               | name.  |          | -       |
| 2 p. m   | •  | 10          |  |           | 120                                     | 211  | -                  |               |        | -        |         |
| 21, I certify  | that I attended the  | deceas      |  |           | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  | Access to the said |               |        |          |         |
| alive an   | 31 Aug   | , 19.5      | Z, and that deat   | h acc     | urred at 11:0                           | ZLM, frai  | m the causes       | and an the    | dat    | e state  | d abo   |
|  | 111 1  |             | /  | 9.9       |   |  |                    |               |        |          |         |
| ACTUAL   | Klain H  | Mes         | eller -  |           | Non                                     | H. F.  | . I Red            |               | /      | 1500     | 115     |
| SIGNATURE  | 100000111  | 1,500       | 0 -01-5  | _M.D.     | //                                      | DWN (If outside corporate limits, write RURAL and give nearest town)  North East  ORESS    ORESS   ORESS   ORESS |                    |               |        |          |         |
| PHYSICIAN'S<br>NAME (Type)   | ARE OF PEATH  COUNTY  Cecil  CITY OR TOWN (III outside corporate limits, write CLENGTH OF STAY IN TO BILLAND dive necreal town of the necreal town |             |  |           |   |  |                    |               |        |          |         |
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requires that the death certificate be executed within 24 has certificate has been signed by the attending physicion and camptetely filled as the burial-transit permit. Then please remove carbon papers. Pages 1 attended, and in any event within 72, ours after death. may be retain to copital or attending physician.

TO FUNERAL D. TOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. the registrar prior to burial, cremation, ar remaval, and in any VS A15 (4) 15M 9/55

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Reg. Dist. Na.

| 1      | PLACE OF DEATH o. COUNTY Cecil MARYLAND  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Cecil |
|--------|--|---|
|        | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)                      |
| 1      | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION   | d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)                            |
| 3.     | COUNTY GCCIT  CONTY COVEN (If contride corporote limits, write cure town)  CITY OR TOWN (If contride corporote limits, write cure town)  CITY OR TOWN (If contride corporote limits, write cure town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  CITY OR TOWN (If contride corporote limits, write RURAL and give nearest town)  COLOR OR TOWN (If contride COLOR CORPORATION)  COLOR OR TOWN (If contride COLOR  |   |
| 5.     | COUNTY COC1  CITY OF TOWN (if outside corporole limit, write   C. LENGTH OF STAY IN 1b   C. CITY OF TOWN (if outside corporole limit, write RURAL and give nearest fown)  SING STREET ADDRESS  C. CITY OF TOWN (if outside corporole limit, write RURAL and give nearest fown)  SING STREET ADDRESS  C. CITY OF TOWN (if outside corporole limit, write RURAL and give nearest fown)  SING STREET ADDRESS  C. CITY OF TOWN (if outside corporole limit, write RURAL and give nearest fown)  SING STREET ADDRESS  C. CITY OF TOWN (if outside corporole limit, write RURAL and give nearest fown)  SING STREET ADDRESS  C. CITY OF TOWN (if outside corporole limit, write RURAL and give nearest fown)  AND STREET ADDRESS  C. STREET ADDRES |   |
| L      | ADDRESS OF DEATH (Size only one course per line for (a), b), and of the first one of the first one of the first one of the first of the first one of the first  |   |
| 1      | O. SCUNITY COCION (If outside corporate limits, write C. LENGTHO STAY IN 1b TO STAY IN |   |
| 15     | . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.   | INFORMANT Address   |
| NOTA   | B. CHY OF TOWN If curisde corporote limits, write RUEAL and give necrest lown)  TIBLING SUN RUTCA!  d. NAME OF CONTRAL (if not in hospital, give street oddress)  J. STREET ADDRESS  O.  |   |
| 1      |  | ED. (Enter noture of injury in Port I or Port II of item 18.)   |
| MEDICA | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Late 19 While Not while at work of work  | LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) potory, street, office bldg., etc.)  |
|        | actual signature   | h accurred at   |
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| _      | ANATIAND  D. COUNTY GOLD  TAIL (If not in hospital, write guest form)  The county generate form)  The county generate form  The generate form  Th |   |
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may be bined by the spital or attending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after degath. TO HOSP

VS A15 (4) 15M 9/55

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# frol director, Se filed with O FUNERAL DIRECTOR wher this certificate has been signed by the attending physician and campletely fitted in by the Legiptor 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

NG PHYSICIAN: The law requires that the death certificate be executed within

TO HOSP

VS A1S (4) 15M 9/SS

Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9003

**CERTIFICATE OF DEATH** 

08980 Rea. Dist. No.

| 1. PLACE OF DEATH  o. COUNTY Cecil  | MARYLAND   | 2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNTY b. COUNTY |  |
|---|--|---|--|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E1kton   | c. LENGTH OF STAY IN 16 11 months                  | c. CITY OR TOWN (If outside corporate limits, write 2/ B1kton                         | RURAL and give nearest town)                   |
| d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Devine Haven Nyrsing  | oddress)<br>Home                                   | d. STREET ADDRESS 466 Parkway   | e. IS RESIDENCE<br>ON A FARM?<br>YES NO X      |
| 3. NAME OF DECEASED (Type or print)   | Middle D   | HAT Nett 4. DATE MO<br>OF DEATH Augu  | onth Day Year<br>ust 11 1959                   |
| 5. SEX   6. COLOR OR RACE   7. MAR   White   WIDOW  | RIED NEVER MARRIED NEVER DIVORCED                  | B. DATE OF BIRTH  December 26, 1895  9. AGE (In years lost birthday) 63 yrs           |  |
| 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Chief Clerk  C                               | KIND OF BUSINESS OR INDU                           |   | 12. CITIZEN OF WHAT COUNTRY                    |
| James Hartnett  |  | Mary E. Beers   |  |
| I'ves no or unknown) . Iff was give were or dotter of services  | social security no. 17. 1<br>16=07-1808            | Miss Bessie C. Hartnett,  | drei<br>466 Parkway<br>Elkton, Maryland.       |
| 1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which         | ine for (a), (b), and (c),]  Leshal Ves  Les Clays | wher Occident Recum.  | INTERVAL BETWEEN ONSET AND DEATH Source 15 425 |
| gove rise to immediate cose (o), stoting the under-lying couse lost.  | blyney - C   | NOT RELATED TO THE TERMINAL DISPASE CONDITION GI                                      | IVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?    |
| PART II. OTHER SIGNIFICANT CONDITIONS.  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE                           | D. (Enter noture of injury in Port I or Port II of item 1B.)                          | YES NO   |
| 20c. TIME OF INJURY Month, Day, Year 20d. I<br>Hour a.m. 19 While of wo   | Not while fa                                       | ACE OF INJURY (Home, farm, 20f. (City or town) ctory, street, office bldg., etc.)     | (County) (State)                               |
| 21. I certify that I attended the decear alive an   |  | accurred at 2:15 f M, from the causes  ADDRESS (Street, city or town                  | and an the date stated above                   |
| 220. BURIAL CREMATION, REMOVAL (Specify) Burial  23. FUNERAL DIRECTOR'S SIGNATURE Local home  | Immaculate C  ZAADDRESS  North East,               | onception Cem E1kton, Ceci  |  |

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

08981 Don Diet No

| 900  | 4  | CERTIFIC   | ATE OF DEATH   | · Re                     | g. Dist. No. |
|--|--|--|--|--------------------------|--------------|
| 1. PLACE OF DEATH<br>o. COUNTY Ceci  | 11   | MARYLAND   | II O STATE   |                          |              |
| b. CITY OR TOWN (If outside con<br>RURAL and give negrest town)  | rporate limits, write  | c. LENGTH OF STAY IN 16<br>15 days   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a STATE Penha.  AND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a STATE Penha.  b. COUNTY Montgo.  c. CITY OR TOWN (If autside corporate limits, write RURAL and give ne Lansdale  d. STREET ADDRESS  3.15 Derstine Ave  Lost  4. DATE Month  DEATH USUSt  PHUNSDERGER  10. B. DATE OF BIRTH  11. BIRTHPLACE (State or foreign country)  Philadelphia, Penna.  11. MOTHER'S MAIDEN NAME Wilhelmina Schneitman  11. INFORMANT  HOSPITAL RECORD Elkton, Md.  SCULAR FAILURE (PULM EDEMA)  ELANDIS VASCULAR DISEASE  THE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  RAL PAEUMO NA  CURRED. (Enter nature of injury in Part 1 or Part II of item 18.)  10. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bidg., etc.)  11. COLOR CREMATORY  ADDRESS (Street, city or town, state)  M.D. CLARL ARE  240. REC'D BY REGISTRAR  240. REC'D BY REGI | L and give nearest town) |              |
| OR INICTITITION  |  | AMARYLAND   2. USUAL RESIDENCE (Where deceased lived. If institution. Residence between the country Montgo of STATE   Pennal   b. COUNTY Montgo of STATE   Pennal   c. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   75 x 3   d. STATE   ADDRESS   315 Derstine Ave   Death ugust   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale   C. CITY OR TOWN (If autiside corporate limits, write RURAL and give in Landsdale | e. IS RESIDENCE<br>ON A FARM?<br>YES NOTE  |                          |              |
| 3. NAME OF DECEASED (Type or print) Wilhe  | OUNTY Cecil  MARYLAND  O. STATE Penna.  D. COUNTY Montgomer  C. LENGTH OF STAY IN 16  15 days  Landale  75 x - 3  AAME OF HOSTATURE  AAME OF HOSTATURE  AAME OF HOSTATURE  First  Middle  C. LENGTH OF STAY IN 16  15 days  Landale  75 x - 3  ASTEET ADDESS  315 Derstine  AVE  DEATH LOSS  ON  Month Day  BATHLUSUS  PART I. DATE  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 IN PART 100 IN PART 110 IN PART 1 |  |  |                          |              |
| PLACE OF DEATH  COUNTY  COUNTY  COUNTY  MARYLAND  COUNTY  MARYLAND  COUNTY  MARYLAND  COUNTY  MARYLAND  COUNTY  MARYLAND  COUNTY  COUNTY  MARYLAND  COUNTY  MARYLAND  COUNTY  MARYLAND  COUNTY  MOTOGOREPY  MOTOGOREPY  COUNTY  MO |  |  |  |                          |              |
| PLACE OF DEATH  COUNTY  Cecil  MARYLAND  C. CUIVOR COVIN (If orbide carporale limith, write land)  C. CUIV OR TOWN (If orbide limith, write land)  C. CUIV OR TOWN (If orbide land)  C. CUIV OR TOWN (If orbide limith, write land)  C. CUIV OR TOWN (If | 12. CITIZEN OF WHAT COUNTR   |  |  |                          |              |
| 1. PLACE OF DEATH 0. COUNTY 1. PLACE OF DEATH 0. COUNTY 1. COUNTY  | man  |  |  |                          |              |
| PLACE OF DEATH  a. COUNTY  B. COU | , Md.  |  |  |                          |              |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.   | LACE OF DEATH COUNTY CO | 30 Min.<br>16 days<br>Years  |  |                          |              |
| D. COLIVY COCI MARYLAND  D. CITY OR TOWN (If oblide corporale limits, write a clength of STAY IN 16 to Handle corporale limits, write a clength of STAY IN 16 to Handle corporate limits, write BURAL and give necreal 15 days  d. NAME OF POTAL (If not in bopile), give street oddress)  d. STREET ADDRESS 315 Derstine Ave  Mark of Potal (In 16 in bopile), give street oddress)  d. STREET ADDRESS 315 Derstine Ave  Mark of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  MARK of Potal (In 16 in bopile), give street oddress)  Mark of | PERFORMED?   |  |  |                          |              |
| 20c. TIME OF INJURY Month,<br>Hour a. şı.<br>p. m.   | ARTH Cacil  MARYLAND  OWN (If outlide coppored limits, write a 15 days  Lansdale  C. LENGTH OF STAY IN 16  15 days  C. CITY OR TOWN (If outlide corporate limits, write a 15 days  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days)  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days)  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days)  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days)  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days)  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days)  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days)  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days)  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days)  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days)  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days)  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days)  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give neare a 15 days)  Lansdale  C. CITY OR TOWN (If outlide corporate limits, write BURAL and give and | (County) (State)   |  |                          |              |
| actual signature / Luca  | ACCION CROWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 15 days of STATE Penna. b. COUNTY Montgome Balance and the state of the sta | an the date stated abov  |  |                          |              |
| 1. PLACE OF DEATH 0. COUNTY 1. PLACE OF DEATH 1. COUNTY 1. | 1/2  |  |  |                          |              |
| 23. FUNERAL DIRECTOR'S SIGNATUI  | UNITY  Cecil  Y OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b call and give negrest town)  JESTITUTION  ME OF HOSPITAL (If not in hospital, give street address)  JASTILITION  HOSPITAL  E OF  First  Middle  Graphint  A. COLOR OR RACE  WIDOWED  AL OCCUPATION (Give kind of work done agrees of the working life, even if retired)  AL OCCUPATION (Give kind of work done agrees of the working life, even if retired)  AL OCCUPATION (Give kind of work done agrees of the working life, even if retired)  AL OCCUPATION (Give kind of work done agrees of the working life, even if retired)  AL OCCUPATION (Give kind of work done agrees of the working life, even if retired)  AL OCCUPATION (Give kind of work done agrees of the working life, even if retired)  AL OCCUPATION (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE  ACOUNT (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE  BETS NAME  ACOUNT (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE  LOBERT NAME  ACOUNT (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE  LOBERT NAME  ACOUNT (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE  LOBERT NAME  ACOUNT (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE  LOBERT NAME  ACOUNT (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE  LOBERT NAME  ACOUNT (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE  ACOUNT (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY WIFE  ACOUNT (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY  LOBERT NAME  ACOUNT (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY  HOUSE WIFE  ACOUNT (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY  HOUSE WIFE  ACOUNT (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY  ACOUNT (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY  LOBERT NAME  ACOUNT (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY  HOUSE WIFE  ACOUNT (Give kind of work done lob | un re  |  |                          |              |

in by the tutteral director, and 2 shauld be filed with D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registror prior to burial, cremation, or removal, and in any event within 72 haurs often death. G PHYSICIAN: The low requires that the death certificate be executed withi

VS A15 (4) 15M 9/55

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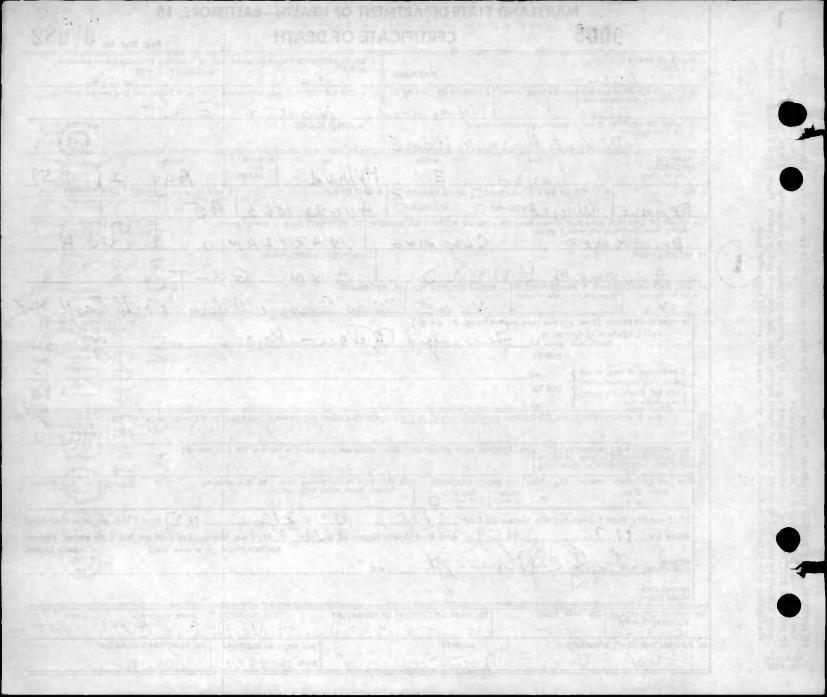
Items 1,22b FilmG247 8-26-59 et CERTIFICATE OF DEATH 9005 Reg. Dist. No. director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND 12 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) pe RURAL and give nearest lown) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 090 ON A FARM? YES NO NO NAME OF Middle 4. DATE Month Day Yeor DECEASED (Type or print) Pages DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdoy) JEUNDER I YEAR IF UNDER 24 HRS Months Davs Hours Min. WHIT AWIDOWED T DIVORCED | papers. 10a. USUÁL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? DRECS MAKER carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME B9040 remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Ilf yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per time for (o), (b), one (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 4.50.0 DUE TO Conditions, if ony, which gove rise to immediate DUE TO catse (o), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour foctory, street, office bldg., etc.) o. m. While Not while 19 p. m of work ot work 21. I certify that I attended the deceased from \_\_\_\_ 19.2. I that I last saw the deceased alive on. and that death occurred at 1.03 M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) **PEMOVAL** (Specify) THODIS 23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE ANG 2 6 '59 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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physician



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. No should b 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Cecil o. STATE Md. Cecil MARYLAND b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Elkton RF.D.I R.F.D.1 Elkton. 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Moseback Farm YES - NO NAME OF First Middle 4. DATE Month Day Year DECEASED 19 59 Keffer (Type or print) Ella Mae DEATH 76 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED H. B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 2 with th Months WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? pup U.S.A. School Girl Va. Student 99 may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1, age 5 ma poges Sadie Dalton Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Elkton R.D. I. Md. Give Sadie Dalton Keffer, no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Drowned PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO with Conditions, if ony, which gave rise to immediate cause alang DUE TO (o), stoting the underlying couse lost. ing in Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY ô PERFORMED? YES | NO TE 20g. EXTERISAL CAUSE WAS PRIMARY TO CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) Exam bathing in Elk River 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) Not while 07 7 A9 5 got work at work Elk River Elkton R.D. Cecil Page 6 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry & and find that DIRECTOR: Accident Suicide Homicide Undetermined cause death resulted from: Natural causes . DATE SIGNED ACTUAL ed la O FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 8-17-59 R. C. Dodson DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Funeral VS. A15ME(5) W. H. Pippin

5M 9/55

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Reg. Dist. No.

|   | 1. PLACE OF DEATH  o. COUNTY  Cecil  MARYLAND  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE  Maryland  Cool-7 |  |  |  |  |
|---|--|--|--|--|--|--|--|
|   | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  | c. LENGTH OF STAY IN 16                              |  | porote limits, write RURAL and give nearest town)  |  |  |  |
|   | Elkton R.F.D. J 5yrs  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)   |  | A. STREET ADDRESS? R. F. D. 1  |  |  |  |  |
|   | 3. NAME OF First DECEASED (Type or print) Lerov  | Middle   | Lost 4. DATE OF DEATH  | Month Day Year<br>8 76 19 59   |  |  |  |
|   | 5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWEI  |  |  | 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS.    Online   Days   Hours   Min.  |  |  |  |
|   | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  |  |  |  |  |  |
| ) | Essie Ola Kef  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  (Yes, no. or unknown)  Ves  W. W. 2   | fer<br>social security No. 17. IN<br>221_24_4087     | Icie Ganer<br>FORMANT<br>Sadie Keffer.   | Crowder Address Elkton, R.D.1. Md  |  |  |  |
|   | 18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 929.8  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CO   | Drowned  | OT RELATED TO THE TERMINAL DISEA:  | INTE VAL BETWEEN ONSET AND DEATH  SE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \text{VAL BETWEEN} \) ON FIX |  |  |  |
| 2 | TRIMARY LIPS CONTRIBUTING LIVE CAUSE OF DEATH.  Well  Z 20c. TIME OF INJURY Month, Doy, Year 20d. 1  | nt to rescue  NURY OCCURRED  Not while  rk of work E | ve, held an Autopsy [], I  | of item 18.)  n Elk River y or town) (County) (Stote)  Elkton, r.f.d. Cecil Main and find that indetermined cause  DATE SIGNED   |  |  |  |
|   | 220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Removal (Specify) Aug 18 1959  | 22c. NAME OF CEMETERY OR White Church                | CREMATORY 22d. LOCA  | NTION (City, town, or county) (State)  |  |  |  |
|   | 23. FUNERAL DIRECTOR'S SIGNATURE W. H. Pippin FUNERAL Home  The Comments of th | 1000000  | -11  | TRAR 246. REGISTRAR'S SIGNATURE 59   |  |  |  |

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TO DEPUTY MANCAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If or slay is v. please execute certificate ing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the find direction is 4 should be farwarded to the Commence Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

or removal.

VS. A15ME(5) 5M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9006 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08986

| en. | Dist. | No. |  |
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| PLACE OF DEATH  o. COUNTY  Cecil  MARYLAND   |   |                                     | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATPa. b. CONTIGUATE |  |                   |                           |  |  |  |
|--|---|-------------------------------------|--|--|-------------------|---------------------------|--|--|--|
| b. CITY OR TOWN (If o and give necrest town)  Elkto  | utside corporate limits, write RURAL  | c. LENGTH OF STAY IN 16             | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Essington  75 x 3            |  |                   |                           |  |  |  |
|  | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Union Hospital              |                                     | d. STREET ADDRESS  514. Saude, Ave.  o. IS RESION A YES  |  |                   |                           |  |  |  |
| 3. NAME OF DECEASED (Type or print) EST  | NAME OF DECEASED (Type or print) Estellæ Gertrude Klin  |                                     | Last   | 4. DATE<br>OF<br>DEATH                           | Month 8           | 1 Doy                     | 59                                       |  |  |
| 5. SEX   | 6. COLOR OR RACE 7. MARR  | IED MEYER MARRIED 8                 | DATE OF BIRTH  | 9. AG  | Sask along A      | FUNDER TYEAR  Months Days | IF UNDER 24 HRS.<br>Haurs Min.           |  |  |
| 10a. USUAL OCCUPATION during most of working Houswife  | Od. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House keeping |                                     |  | [10] [10] ID |                   |                           |  |  |  |
| 13. FATHER'S NAME  John  | 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |                                     |  |  |                   |                           |  |  |  |
| 15. WAS DECEASED EVER<br>(Yes, no, or unknown)   | IN U. S. ARMED FORCES? 16.  |                                     | rge Kline  | , 514 Sa   | Address<br>ude Ar | veEs <b>si</b> :          | ngton, P                                 |  |  |
| Conditions, if any gove rise to immedia (o), stoting the un couse last.  PART II. OTHE  20a. EXTERNAL CAUS PRIMARY Or CONT   | ote couse DUE TO  R SIGNIFICANT CONDITIONS CO  E WAS 120b. DESCRIB  | ONTRIBUTING TO DEATH BUT N          | OT RELATED TO THE TERM   | MINAL DISEASE CONI                               |                   |                           | 9. WAS AUTOPSY<br>PERFORMED?<br>YES NO M |  |  |
| CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while factory, street, office bldg., etc.)  While Not while of work of wo |   |                                     |  |  |                   |                           |  |  |  |
| ACTUAL SIGNATURE   | SIGNATURE  ASSISTANT MEDICAL EXAMINER  EXAMINER'S D. C. D. 2 T. C.  |                                     |  |  |                   |                           |  |  |  |
| 220. BURIAL, CREMATION REMOVAL (Specify)   |   | 22c. NAME OF CEMETERY OR LAWN CROFT | CENCTERY   | MARCUS   | lity, town, or o  | county)                   | (Stole)                                  |  |  |
| 23. FUNERAL DIRECTOR'S PIPPIN FUNZI  | SIGNATURE<br>RAL HOME LOND  | ADDRESS ELK                         | TON 240. REC   | TO BY REGISTRAS                                  | 24b. REGISTR      | AR'S SIGNATUI             |  |  |  |

TO DEPUTY MEMORIAL TXAMINER: This certificate should be executed within 24 hours ofter death. If openatory is the responsibility of the content of the conte

or removal.

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VS. A15ME(5) 5M 9/55

SELLERWIRE, AVO. The Carlotte of the Carlotte o . Et e mi anti lonionesi natro i 2 8 9 To an and the state of the state of . mosecianist additioning . District occord ..... Camping Language Camping Company PARTIES A CHEMICAL CONTROL OF PRINCIPLE AND REPORT OF THE PRINCIPLE CONTROL OF THE PRINCIPLE CON Anna Sill San a Historia Contra Contr all them

Page

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9021 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

08987

Reg. Dist. No. 96

| o. COUNTY  | CECIL   | MARYL   |           | o. STATE DISTR.                                       |                        | If institution  | : Residence befo             | re admiss | ion)                       |
|--|---|---|-----------|---|------------------------|---|------------------------------|-----------|----------------------------|
| b. CITY OR TOWN  | (If outside corporate lim   | its, write c. LENGTH OF STAY I                                      |           | c. CITY OR TOWN (IF                                   | outside corporate lin  | its, write RU   | RAL ond give ne              | 7x-       | 3                          |
| d. NAME OF HOSP<br>Veterans  | Administrat   | give street oddress) ion Hospital                                   |           | d. STREET ADDRESS                                     | Oth St., 1             | V.E.  |                              |           | SIDENCE<br>FARM?           |
| 3. NAME OF<br>DECEASED<br>(Type or print)                                      | EMORY   |   | К         | last<br>NUDSEN  | 4. DATE<br>OF<br>DEATH | Month   | 27                           |           | Year<br>19 Ko              |
| S. SEX   | 6. COLOR OR RACE  | 7. MARRIED NEVER MARRIED  |           | DATE OF BIRTH   | 9. AG                  | (In years   | FUNDER 1 YEAR<br>Months Days |           |                            |
| Male   | White   | WIDOWED DIVORCED  | □ A1      | igust 12,188  | 38 7.                  | yrs.  | Mollins Days                 | Hours     | Min.                       |
| 10a. USUAL OCCUPAT<br>during most of wo<br>Machini                             | ION (Give kind of work<br>trking life, even if retired<br><b>ST</b>   | done 10b. KIND OF BUSINESS OR Unknown                               | INDUSTR   | Denmark   | or foreign country)    |   | 12.CITIZEN O                 | f WHAT C  | COUNTRY?                   |
| 13. FATHER'S NAME  |   |   |           | 4. MOTHER'S MAIDEN                                    | NAME                   |   |                              |           |                            |
| Unk  | nown  |   | -08       | Unknow  | wn                     |   |                              |           |                            |
| 15. WAS DECEASED EV<br>(Yes, no, or unknown)                                   | 'ER IN U. S. ARMED FOR  | RCES? 16. SOCIAL SECURITY NO. Unknown                               |           | RMANT<br>Ltal Records                                 | R VAH. I               | Addre   |                              | ia        |                            |
| Arteria 20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF                       | immediate the under. THER SIGNIFICANT CON OSCIOTOSIS, (AS UNDERLYING   G   CAUSE OF DEATH Y MEDICAL EXAMINER) | DOLONS CONTRIBUTING TO DEAL SOME SOME SOME SOME SOME SOME SOME SOME | CURRED. ( | Enter noture of injury in                             | Port I or Port II of i | tem 18.)  |                              | YES A     | RMED?                      |
| 20c. TIME OF INJU<br>Hour o. m.<br>p. m.                                       | 10  | While Not while ot work Ot work                                     |           | OF INJURY (Home, form<br>y, street, office bldg., etc |                        | n)  | (County)                     |           | (Stote)                    |
| ACTUAL SIGNATURE PHYSICIAM'S NAME (Type)  220. BURIAL, CREMATI REMOVAL (Speed) | J. L. GAREY, ON. 22b. DATE THEREO   | M. D.  22c. NAME OF CEME  | M.C.      | V.A. Hosp Clinic                                      | M, fram the c          | ouses and ty or town, so rry Po  Logist  City, town, or | an the dote                  | DAT  B=2  | d obove.  TE SIGNED  23-59 |
| 23. FUNERAL DIRECTO  | R'S SIGNATURE   | ADDRESS   |           |   | D BY REGISTRAR         | 24b. REGIST   | RAR'S SIGNATU                | RE        |                            |
| home   | ar atroom   | / Havre DeGr  | ace.      | Md. DATE S  | SEP 1 '59              | Q.  | Thun 9 4.                    | 4         |                            |

TO HOS LORAT WG PHTSICIAN: The name requirement of a completely may be alread by spital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, Page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, Page 18 shauld be detached for use as the burial-transit permit.

VS A15 (4) 15M 9/S8

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ely filled in by the funeral directar, Rages 1 and 2 shauld be filed with

TO HOS was be directly spital ar attending physician.

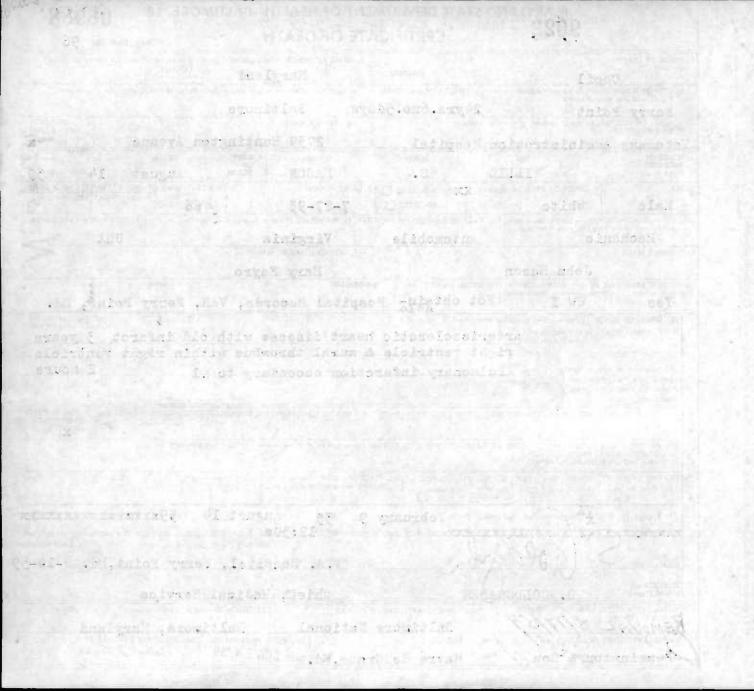
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Rages 1 a page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Rages 1 a page 3 shauld be detached far use as the burial and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9022 Items 8,9 FilmG246 8-25-59 et CERTIFICATE OF DEATH

08988 Reg. Dist. No. 96

| 1. PLACE OF DEATH<br>o. COUNTY     | ecil  |              | STATE Mary                 | Where decease | ed lived. If institution b. COUN |                        | nce before          | admissio       | on)        |            |               |
|------------------------------------|---|--------------|----------------------------|---------------|----------------------------------|------------------------|---------------------|----------------|------------|------------|---------------|
| b. CITY OR TOWN ( RURAL ond give n | If outside corporate lim                          | its, write   | c. LENGTH OF STAY IN       | 116           | c. CITY OR TOWN (If              | f autside corp         | prote limits, write | RURAL ond      | give near  | est town)  |               |
| Perry Po                           |   |              | 24yrs.6mo.                 | 5days         | Bal                              | timore                 |                     | 3 VO.          | 1-4        |            |               |
| d. NAME OF HOSPI                   | TAL (If not in hospital,                          | give street  | address)                   |               | d. STREET ADDRESS                |                        |                     |                |            | . IS RESID | DENCE         |
|                                    | Administra  | tion         | Hospital                   |               | 2739 1                           | Huntin                 | gton Av             | enue           |            | YES        |               |
| 3. NAME OF<br>DECEASED             | Fi  | rst          | Middle                     |               | Last                             | 4. DATE<br>OF<br>DEATH | M                   | anth           | Day        | Y          | ear           |
| (Type or print)                    | WI  | LLIE         | S.                         |               | MASON                            | DEATH                  | Au                  | gust           | 14         | 10         | 9 59          |
| 5. SEX                             | 6. COLOR OR RACE                                  | 7. MARI      | RIED NEVER MARRIED         | B. DA         | TE OF BIRTH                      |                        | 9. AGE (In yeo      |                | RIYEAR     |            |               |
| Male                               | White   | WIDOW        | ED DIVORCED                |               | 7-27-93                          | 1895                   | last birthday       |                | Days       | Hours      | Min.          |
| 10a. USUAL OCCUPATIO               | ON (Give kind of work                             | done 10b.    | KIND OF BUSINESS OR        | INDUSTRY      |                                  |                        |                     | 12. CI1        | IZEN OF    | WHATCO     | DUNTRY?       |
| Mechar                             | king life, even if retired                        | 3)           | Automobile                 |               | Virgin                           | ie                     |                     |                | USA        |            |               |
| 13. FATHER'S NAME                  |   |              | Madomobile                 |               | MOTHER'S MAIDEN                  |                        |                     |                | ODA        | 7          |               |
|                                    | John Mas  |              |                            |               | Manne                            | W                      |                     |                |            |            |               |
| 15. WAS DECEASED EVE               |   |              | SOCIAL SECURITY NO.        | INFOR         | Mary .                           | mayro                  | Α.                  | ddress         |            |            |               |
| (Yes, no, or unknown)              | (If yes, give war or dates of                     | service)     | ot obtain-                 |               |                                  |                        |                     |                |            | 202        |               |
| Yes                                | WW I  |              | able                       | Hosi          | oital Reco                       | ords,                  | VAH, Pe             | rry P          | oint       | , Md       | •             |
|                                    |   |              | ne for (o), (b), ond (c).] |               |                                  |                        |                     |                | ONICE      | RVAL BET   | WEEN          |
| PART I. DEA                        | TH WAS CAUSED BY: IMMEDIATE CAUSE (               | Arte         | rioscleroti                | c he          | art disea                        | se wit                 | h old i             | nfarc          | t 3        | yea        |               |
| 420.0                              | DUE TO  | rig          | ht ventricl                | .e & I        | mural thr                        | ombus                  | within              | right          | ven        | tric       | le            |
| Canditions, if a                   |   |              |                            |               |                                  |                        |                     |                |            | hou        |               |
| gove rise to i                     | mmediate (  |              | lmonary inf                | arct          | ton secon                        | dary t                 | 0 #1                |                | -          | nou        | TO            |
| lying couse last.                  | the under-  |              |                            |               |                                  |                        |                     |                | 560        |            |               |
|                                    | HER SIGNIFICANT CON                               | ()           | CONTRIBUTING TO DEATH      | A BUIT NIOT   | DELATED TO THE TERM              | MINIAL DICEAS          | E CONDITION C       | IVENLINI DA    | PT 1/a\ 10 | . WAS A    | LITOPSY       |
| E                                  | HER SIGNIFICATE COL                               | ADITIONS_    | CONTRIBUTING TO DEAT       | 1 801 1901    | KELATED TO THE TER               | MINAL DISEAS           | SE CONDITION C      | SIVEIN IIN PA  |            | PERFOR     | MED?          |
| 2                                  |   | 1000         |                            |               |                                  |                        |                     |                |            | YES T      | № □           |
| THER, NOTIFY                       | AS UNDERLYING   CAUSE OF DEATH  MEDICAL EXAMINER) | 206. DES     | CRIBE HOW INJURY OCC       | URRED. (En    | ter noture of injury in          | n Port I or Po         | rt II of item 18.)  |                |            |            |               |
| YOUR HOUR OF INJUR                 | RY Month, Doy, Ye                                 | ar 20d. I    | NJURY OCCURRED 20          |               | F INJURY (Hame, for              |                        | y or town)          |                | (County)   |            | (Stote)       |
| Hour o.m.                          | 19  | While of wor | Not while                  | foctory,      | street, office bldg., e          | etc.)                  |                     |                |            |            |               |
|                                    | VA  | . 1          |                            |               |                                  | 1                      | 21                  | ^              |            |            |               |
| 21. I certify th                   | at * alterided the                                | deceas       | ed from <b>Februa</b>      | ry-9          | ., 1935, ta                      | august                 | 195                 | <b>HARKIXI</b> | ick low    | 4 Kekae    | <b>Ketlel</b> |
| okinexooxxxxxx                     | XXXXXXXX  | XXXXX        | CXXXX and that d           | eath acc      | urred at 2:50                    |                        |                     |                | e date     |            |               |
|                                    | 100   | NI.          |                            |               |                                  | ADDRESS (S             | street, city or tow | n, state)      |            | DATE       | SIGNED        |
| ACTUAL<br>SIGNATURE                | 7. 19.  | UX           |                            | M.D.          | V.A. Hos                         | spital                 | Perry               | Poin           | t .Md.     | 8-         | 14-5          |
| ative et a sue                     | 01.   |              | 1                          |               |                                  | -                      |                     |                |            |            |               |
| PHYSICIAN'S<br>NAME (Type)         | S. GOL  | DGRA         | BEN                        |               | Chief.                           | Medic                  | al Serv             | ice            |            |            | 8             |
| 220. BURIAL, CREMATIC              | N, 226. DATE THERE                                |              | 22c. NAME OF CEMETE        | RY OR CRE     | -                                |                        | TION (City, town    |                |            | (Stote)    | )             |
| REMOVAL (Specify)                  |   | 9            | Baltimo                    |               |                                  |                        |                     |                | eel am     |            |               |
| 23. FUNERAL DIRECTOR               | 'S SIGNATURE                                      | -            | ADDRESS                    | T. G. 1/1. S  |                                  | C'D BY REGIS           | Itimore             | GISTRAR'S S    | GNATUP     | DL         |               |
|                                    | 11  | 10           |                            | 0             |                                  |                        |                     | Inthun 2       |            |            |               |
| remaing                            | tong Son  | /            | Havre de                   | Grad          | ce, Md DATE                      | HUU L T                |                     |                |            |            |               |



TO DEPLIY ME CCAL XAMINER: This certificate should be executed within 24 hours after death. If a meter is not contact on a short of the factor of the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the factor of direction of forwarded to the contact Medical Examiner's Office along with form PM3. Page 5 may be retained for year files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial. ar removal.

VS. A15ME(5) 5M 9/55

2

#### 9025 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08989

|  |  |                                   | Reg. Dist. No.   |
|--|--|-----------------------------------|--|
| 1. PLACE OF DEATH O. COUNTY  |  |                                   | itution: Residence before admission)                   |
| Cecil MARYLAND   | ra.  |                                   | Delaware   |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   | c. CITY OR TOWN (IF                            | outside corporate limits, wr      | ite RURAL and give nearest town]                       |
| Earville Visiting  | Parksi   | de                                | 75 × -3  |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)   | d. STREET ADDRESS                              | Shelton Rd.                       | ON A FARMAY YES NO                                     |
| 3. NAME OF DECEASED (Type or print) Joan Marie   | Moyer  | 4. DATE MOOF DEATH                | Sth Doy Year 19 59                                     |
| 5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   WIDOWED DIVORCED  | 8-6-1943                                       | 9. AGE (In years lost birth Joyce | IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  School Girl.  | 11. BIRTHPLACE (Stote Chester                  |                                   | 12. CITIZEN OF WHAT COUNTRY                            |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN N                          | AME                               |  |
| Douglas Moyer  | Marie Mulle                                    | n                                 |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown)   (If yes, give wor or dates of service)                              | INFORMANT                                      | Addr                              | Parkside, Pa.  |
| no   | Douglas Mor                                    | ver. 204 ws                       | helton Rd.   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  | TOMESTIC INC.                                  |                                   | INTERVAL BETWEEN                                       |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DEOWNED  | *  |                                   | ONSET AND DEATH  |
| 929.8 DUE TO   |  |                                   |  |
| Conditions, If any, which) (b)   |  |                                   |  |
| gove rise to Immediate couse (a), stating the underlying DUE TO  |  |                                   |  |
| couse lost. (c)  |  |                                   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNEL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. | NOT RELATED TO THE TERMIN                      | NALDISEASE CONDITION C            | SIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?          |
|  |  |                                   |  |
| 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL  | CE OF INJURY (Home, form,                      | i 20f. (City or town)             | (County) (State)                                       |
| Hore o. m. Sas   | tory, street, office bldg., etc.) SSAFEAS Rive | Ervill                            | e Cecil Md.  |
| 21. I certify that I took charge of the remains described about  |  |                                   |  |
|  | icide 🔲, Hamicide                              |                                   |  |
| ACTUAL SIGNATURE SIGNATURE   | M.D. CHIEF MEDICAL EX                          | AMINER [                          | DATE SIGNED  |
| EXAMINER'S B.C. Dodgon   | ASSISTANT MEDICA                               | L EXAMINER                        |  |
| EXAMINER'S R.C. Dodson   | DEPUTY MEDICAL E                               | XAMINER T                         | 8-1-59   |
| 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF   |  | 22d. LOCATION (City, town         | n, or county) (State)                                  |
| REMOVAL August 5,1959 Chester Rura   | 1 Cemetery                                     | Chester,                          | Pa.  |
| 23. FUNERAL DIRECTOR'S SIGNATURE   | /240. REC'D                                    | BY REGISTRAR 24b. RE              | GISTRAR'S SIGNATURE                                    |
| Colling Villow Millegen  | med DATE ALL                                   | 66 '59                            | 7 11 0 4   |

|              |  |  | St. Alterior       |
|--------------|--|--|--------------------|
|              | STORES OF STREET OF STREET   | <b>國際國際公司</b>  |                    |
|              | 401 PARIL  |  | CHARLEST OF STREET |
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MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

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PLACE OF DEATH

a. COUNTY

in c **burial-transit** SO Pe should page 0

VS A15 (4) 15M 9/55

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town RURAL and give nearest town) 205. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19,59 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED [ WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Q. 11. While Not white at work at work p. m. 21. I certify that I attended the deceased from 19 2, that I last saw the deceased alive on and that death occurred at W, fram the causes and an the date stated above. ADDRESS (Street, city or town, State) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LORATION (City, town, or county) (Stote) REMOVAL (Specify 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR / 24b. REGISTRAR'S SIGNATURE Cirthur S. Krous AUG 1

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|---------------|--|--|---------------|--|-----------|------------------|---------------------------------------|------------------------|---|--------------|------------|--------------------------|
| 1.            | PLACE OF DEATH                           |  |               |  | 2.        | USUAL RESIDI     | ENCE (Wh                              | ere decease            | ed lived. If institut                           |              | e before o | fmission)                |
|               | 0. 0001111                               | Ceci1  |               | MARYLA   | IND       |                  | 1and                                  |                        | b. COUNTY                                       | Ceci         | 1          |                          |
|               |  | If outside corporate lim                         | its, write    | c. LENGTH OF STAY IN   | 1Ъ        |                  |                                       | utside corp            | orote limits, write l                           |              |            | town)                    |
|               | RURAL ond give n                         | North Est  | Rural         | 13 years   |           | Nort             | h Eas                                 | + R                    | ura1  |              |            |                          |
|               |  | TAL (If not in hospital,                         |               |  |           | d. STREET AD     |                                       | 70 71                  |   |              | e, IS      | RESIDENCE<br>ON A FARM?  |
|               |  |  |               |  |           |                  |                                       |                        |   |              | YE         | S   NO   3               |
| 3.            | NAME OF<br>DECEASED<br>(Type or print)   | (Correct)  |               | Middle   | Ral       | helich           | Sr.                                   | 4. DATE<br>OF<br>DEATH | 8- Mo:  |              | Day<br>26  | Yeor<br>19 <sup>59</sup> |
| 5.            | SEX (Correc                              | 6 COLOR OR RACE                                  | 7. MARR       | ED NEVER MARRIED   | 8.0       | ATE OF BIRTH     |                                       |                        | P. AGE (In years                                |              |            | INDER 24 HRS.            |
|               | Male                                     | White  | WIDOWE        | D DIVORCED   | D J       | une 21,          |                                       |                        | Josephin John John John John John John John Joh | Months       | Doys Ho    | ours Min.                |
| 10            | o. USUAL OCCUPATION during most of wor   | ON (Give kind of work king life, even if retired | done 10b.     | KIND OF BUSINESS OR  | INDUSTRY  | 11. BIRTHPLA     | CE (State                             | or foreign (           | country)  | 12. CIT      | ZEN OF W   | HAT COUNTRY              |
|               |  | st Foreman                                       |               | Shipyard   |           | Aust             | ria                                   |                        |   |              | USA        |                          |
| 13.           | FATHER'S NAME                            |  |               |  | 1         | 4. MOTHER'S      | MAIDEN N                              | AME                    |   |              |            |                          |
|               |  | Ludwig Rah                                       | elich         |  |           | Mar              | у                                     | -                      |   |              |            |                          |
| 15.<br>(Y     |  | R IN U. S. ARMED FOI                             |               | SOCIAL SECURITY NO.  | 17. INFO  | RMANT            |                                       |                        | Ado   | iress        |            |                          |
|               | No                                       |  | 09            | 7-09-04-65   | M:        | rs Jenn          | y Rah                                 | elich                  | sr. Nor   | th Eas       | st (Ku     | iral) Md                 |
|               | 18. CAUSE OF DE                          | ATH [Enter only one co                           | ouse per lin  | e for (o), (b), ond (c).]  | 3         |                  |                                       | 11111                  |   |              | INTERVA    | L BETWEEN                |
|               | PART I. DEA                              | TH WAS CAUSED BY:                                | o)            | Corona   | 11 6      | Deelo            | 1.00                                  |                        |   |              |            | ND DEATH                 |
|               | 11.201                                   | DUE TO   |               |  | /.        |                  |                                       | ,                      |   |              |            | 7                        |
|               | Conditions, if o                         | ony, which                                       | 6)            | Arteriose  | 12001     | tie He           | 16.4                                  | 1):                    | scale   |              |            |                          |
|               | gove rise to i<br>couse (o), stating     | mmediate (                                       |               |  |           |                  |                                       |                        |   |              |            |                          |
|               | lying couse lost.                        |  | c)            |  |           |                  |                                       |                        |   |              |            |                          |
| Z             | PART II. OTI                             | HER SIGNIFICANT CON                              | NOITIONS C    | ONTRIBUTING TO DEAT  | H BUT NO  | T RELATED TO     | THE TERMI                             | VAL DISEA              | SE CONDITION GI                                 | VEN IN PART  | 1(o) 19. W | AS AUTOPSY               |
| SAT           |  |  |               |  |           |                  |                                       |                        |   |              |            | REORMED?                 |
| CERTIFICATION | 200. ACCIDENT W                          | AS UNDERLYING CONTRACT                           | 20b. DESC     | RIBE HOW INJURY OCC  | URRED. (E | nter noture of   | injury in P                           | ort I or Po            | rt II of item 18.)                              |              |            |                          |
| 2             | (IF EITHER, NOTIFY                       | MEDICAL EXAMINER)                                |               | None of the latest of the late | _         |                  |                                       |                        |   |              |            |                          |
| S             | 20c. TIME OF INJUR                       | RY Month, Day, Ye                                | ear 20d. IN   | UURY OCCURRED 20   |           | OF INJURY (H     |                                       |                        | y or town)                                      | (C           | ounty)     | (Stote)                  |
| MEDICAL       | Hour o.m.                                | 19   | While of work | Not while  | factory   | , street, office | bldg., etc.                           | )                      | -   |              | -          | - Annual -               |
|               |  | at I attended the                                | decease       | od from 2/4 A  |           | 10 5 9           | ta                                    | 21. 4                  | 49 195  | 7 Abra 1 1   | ~~^ ~~~    | ha dagaaa                |
| 1             | alive an                                 | 6 Ava  | 10 4          | m10  | anth as   | curred at 3      | -45/                                  | O L                    | 79  |              |            | the deceased             |
|               | dilve dil                                | 116  |               | z-j, did ilidiya   | edili de  | .corred-oily     | 4                                     | ADDRESS (S             | on the causes of                                | stote)       | e date 2   | DATE SIGNES              |
|               | ACTUAL                                   | Klasen 1   | 4. 14         | cultur   |           | 11               |                                       | En                     | + 38  |              | 28         | A. 159                   |
|               | SIGNATURE                                | 1/1  |               | 1:   | M.D.      |                  |                                       |                        | -   |              | <u> </u>   | 11-1-1                   |
|               | PHYSICIAN'S<br>NAME (Type)               | Blacs  | H. 1          | Huchur 1   | 4.1)      | •                | tre Oth sales sales Oth sales sales o |                        | ,   |              |            | /                        |
| 22            | e. BURIAL, CREMATIC<br>REMOVAL (Specify) |  | OF            | 22c. NAME OF CEMETI  |           |                  |                                       |                        | ATION (City, town,                              | or county)   |            | (State)                  |
| _             | Burial                                   | 8 29 59  |               | North Eas  | t Me      | thodist          | Cem                                   | No                     | orth East                                       | ,Cecil       | Co.        | Md.                      |
| 23.           | UNERAL DIRECTOR                          | SIGNATURE  | , h           | ADDRESS  | 1000      |                  |                                       | BY REGIS               |   | ISTRAR'S SIG | NATURE     |                          |
|               | MIB CON V                                | Hraus  | 1/4           | MICORAL  | 1 MG      |                  | DATESTO                               | 21 15                  | 9 01  | 1 0 4        | -          |                          |

may be removed by pspital or attending physician.

TO FUNERAL DIRECTO. After this certificate has been signed by the attending physician and completely filled in b page 3 d be detached for use as the burial-transit permit. Then please remove forbon papers. Pages d the region to burial, cremation, or removal, and in any event within 72 hour offer death. ING PHYSICIAN: The law requires that the death certificate be executed within TO HOSPI

VS A15 (4) 15M 9/55

| <b>.</b>   | TE OF DEATH            |              | 3025                  |           |
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9026 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

08992 96

| 1. PLACE OF DEATH o. COUNTY | Cecil  |                | MARYLAND   | 2. USUAL RE         | Mary          |                 | d lived, If Inst<br>b. COUN       |               | Jence bef | fore admi            | Ission)    |
|-----------------------------|--|----------------|--|---------------------|---------------|-----------------|-----------------------------------|---------------|-----------|----------------------|------------|
| b. CITY OR TOWN             | If outside corporate limits, wri                 | te RURAL       | c. LENGTH OF STAY IN 16  | c. CITY O           |               |                 | rote limits, wri                  | te RURAL or   | nd give n | egrest to            | wn)        |
| and give nearest tow        | rry Point  |                | 12 days  |                     |               |                 |                                   | 40            | 0.1=      |                      |            |
|                             |  | (If not in hos | pital, give street address)  | d. STREET           |               | imore           |                                   | 2 V G         | /-/-      |                      | ESIDENCE   |
| 25                          |  |                |  | 0. 314227           |               | 11. 33          |                                   |               |           | ON                   | A FARM?    |
| 3. NAME OF                  | Administra                                       |                |  |                     |               | Walbr           |                                   | enue          |           | ,                    | ] NO []    |
| DECEASED                    |  | rst            | Middle   | lo                  |               | 4. DATE<br>OF   | Mo                                | nth           | Day       | Y                    | ear        |
| (Type or print)             |  | LIAM           | 0.   | RO                  |               | DEATH           |                                   | ust           | 10        |                      | 9 59       |
| 5. SEX                      | 6. COLOR OR RACE                                 | 7. MARRII      | D NEVER MARRIED 8  | . DATE OF BIRT      | Н             | 9               | . AGE  In years<br>last birthday) | IF UNDE       |           | -                    | ER 24 HRS. |
| Male                        | Negro  | WIDOWE         | DIVORCED   | 3-21                | -23           |                 | 36 yr                             | Months .      | Days      | Hours                | Min.       |
| 10a. USUAL OCCUPAT          | ION (Give kind of working life, even if retired) | done 10b. 1    | CIND OF BUSINESS OR INDUST   | RY 11. BIRTHP       | LACE (Stote   | or foreign cou  | intry)                            | 12. CI        | TIZEN OF  | F WHAT               | COUNTRY?   |
| Contr                       |  | 17. 1.1.2      | Unknown  | Marr                | yland         |                 |                                   | п             | SA        |                      |            |
| 13. FATHER'S NAME           |  |                |  | 14. MOTHER'S        |               | IAME            |                                   | 1 0           | DA        |                      |            |
| Т                           | oseph R. R                                       | 000            |  | -                   |               |                 |                                   |               |           |                      |            |
|                             | VER IN U. S. ARMED FO                            |                | SOCIAL SECURITY NO. 17. M  | NFORMANT            | ces C         | aria            | Addre                             |               |           |                      |            |
| (Yes, no, or unknown)       | (If yes, give war or dates of                    | service)       |  |                     |               |                 |                                   |               |           |                      |            |
| Yes                         | WW II  |                |  | ospita              | l Rec         | ords,           | VAH, P                            | erry          | Poir      | 1t,                  | Md.        |
|                             | ATH [Enter only one car                          | use per line   | for (o), (b), ond (c).]  |                     |               |                 |                                   |               | INTER     | RVAL BETWEET AND DEA | EEN<br>ATH |
| PART I. DEA                 | TH WAS CAUSED BY: IMMEDIATE CAUSE (of            | Dr             | owned  |                     |               |                 |                                   |               |           |                      |            |
| 929.8                       | DUE TO   |                |  |                     |               |                 |                                   |               |           |                      | - 60 14    |
| Conditions, if              | any, which) (b)                                  | 100            |  |                     |               |                 |                                   |               | 1 1       |                      |            |
| gove rise to imme           | ediote couse                                     |                |  |                     |               |                 |                                   |               |           |                      |            |
| (o), stating the            | undertying                                       |                |  |                     |               |                 |                                   |               |           |                      |            |
|                             | HEP SIGNIFICANT CON                              |                | INTRIBUTING TO DEATH BUT N   | OT BELATED TO       | THE TERM      | NIAL DICEASE    | COMPITION C                       | IVENI INI BAI | DT 14-12  | 0 14/46              | ALITOROV   |
| <u> </u>                    | THE STOTAL COLUMN                                | 10113 00       | NAME OF THE POST O | IOI KELATED IC      | THE TERMI     | NALDISEASE (    | CONDITION G                       | IVEN IN PAI   |           | PERFO                | RMED?      |
| <u>ა</u>                    |  |                |  |                     |               |                 |                                   |               | 1         | YES                  | NO 🗌       |
| PART II, OT                 | USE WAS DETRIBUTING D                            | 0b. DESCRIBE   | HOW INJURY OCCURRED. (E  | nter noture of i    | njury in Port | I or Port II of | item 18.)                         |               |           |                      |            |
|                             |  | Wade           | d in Susqueha  | nna Ri              | ver.          | Perry           | Point.                            | Cecil         | Co.       | . Md                 |            |
| 20c. TIME OF INJU           | JRY Month, Day, Ye                               | ar 20d. 1      | NJURY OCCURRED 20e. PLACE  | CE OF INJURY        | Home, form    | , 120f. (City o | r town)                           |               | ounty)    |                      | (Stote)    |
| 1:300 m.                    | 8-10 19  | 59 While       | Not while Susq   | ory, street, offici | a Riv         |                 | rry Po                            | int           | Ceci      | 17                   | ма         |
|                             |  |                | emains described abo   |                     |               | -               |                                   |               |           |                      |            |
|                             |  |                |  |                     |               | -               | pection x                         |               |           | , and                | tind that  |
| deoin resulted              | mom: Natural                                     | couses L       | , Accident , Suid  | cide [], F          | lomicide      | , Und           | letermined                        | couse         | J.        |                      |            |
| ACTUAL                      | 1001   | 2              | ela an   |                     |               |                 |                                   |               |           | DATE S               | ICMED      |
| SIGNATURE                   | acon   | 10             | drou   | M.D. CHIEF          | MEDICAL EX    | AMINER -        |                                   |               |           | DAIL                 | IONED      |
| EXAMINER'S                  |  |                |  | ASSISTA             | NT MEDICA     | AL EXAMINER     |                                   |               | 0.7       | 0 5                  |            |
| NAME (Type)                 | R.   | C. DO          | DSON   | DEPUTY              | MEDICAL E     | XAMINER 🕞       |                                   |               | 8-1       | 10-59                | 9          |
| 220. BURIAL CREMATIC        | ON, 22b. DATE THERECO                            | OF.            | 22c. NAME OF CEMETERY OR   | CREMATORY           |               | 22d. LOCATIO    | ON (City, town                    | , or county)  |           | (Stote               | e)         |
| REMOVAL (Specify            | 8/12/  | 194            | Baltimore 1  | Nations             | 1             |                 | timore                            |               |           |                      |            |
| 23. FUNERAL DUECTO          | S SIGNATURE                                      |                | ADDRESS  |                     | 24g, REC'r    | BY REGISTRA     |                                   | SISTRAR'S SI  |           | 2F                   |            |
| Penningt                    | 11   | Hours          | e de Grace. Mo   |                     |               |                 |                                   |               |           |                      |            |
| - Ciming (                  | 011  | FISTATE        | de Grace, Mo   | 1.                  | DATE          | UG 1 3 '5       | 9                                 | When          | 8 tre     | ua.                  |            |

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VS A15 (4) 1SM 9/S8

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9027 CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DEATH<br>G. COUNTY  | Cecil  |                | MARYLAND                           | 2. USUAL RESIDENCE (Va. STATE New Jen                       |   | If institution:<br>COUNTY | Residence befo  | re admissio                | on)      |
|---|--|----------------|------------------------------------|---|---|---------------------------|-----------------|----------------------------|----------|
| RURAL ond give n  | If outside corporate limi<br>legrest town)<br>St (Rural) | its, write     | c. LENGTH OF STAY IN 1b  2 months  |   | f outside corporate lin<br>Orange       | nits, write RUR           | AL and give ned | prest town)                |          |
| d. NAME OF HOSPI<br>OR INSTITUTION  | TAL (If not in haspital, g                               | give street o  | address)                           | d. STREET ADDRESS  28 Glens:                                | ide Road                                | 1 (65                     |                 | e. IS RESII<br>ON A<br>YES | FARM?    |
| 3. NAME OF DECEASED (Type or print)   |  | tha            | Middle<br>Putman                   | Rowland   | 4. DATE<br>OF<br>DEATH Aug              | Month<br>ust              | 12              | ,                          | ear 9 59 |
| s. sex Female   | 6. COLOR OR RACE White                                   | 7. MARRI       | D NEVER MARRIED D                  | 8. DATE OF BIRTH Oct.10, 186                                | 9. AG                                   | E (In years IF            | Months Days     | Hours Hours                | Min.     |
| 10a. USUAL OCCUPATION during most of wor Housew.  13. FATHER'S NAME         | king life, even if retired                               | done 10b.      | At Home                            | 100 / 100   | oury, Conn                              | •                         | 12. CITIZEN OF  |                            | OUNTRY?  |
|   | dwin A. Put  |                | SOCIAL SECURITY NO.                | Corne.  | lia Van De                              | ren<br>Addres             | s               |                            |          |
| (Yes, no, No unknown)   | (If yes, give wor or dates of s                          | service)       |                                    | rs. Edwin J.  | Schwauha <b>a</b>                       | sser, l                   |                 | st,Mo                      | i        |
| Conditions, if c<br>gave rise to<br>couse (o), stoting<br>lying couse last. | the under-   | Carl           | terralised  ONTRIBUTINGS DEATH BUT | ular Fa<br>tri Cardio<br>arterio-<br>NOT RELATED TO THE TER | Vascular<br>Sclesa<br>MINAL DISEASE CON | Dise Dise DITION GIVEN    | ore X           | PERFOR                     | UTOPSY   |
|   | AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)     | 20b DESC       | TRIBE HOW INDURY OCCURRE           | D. (Enter noture af injury                                  | in Port I or Port II af                 | item 18.)                 |                 | YES 🗌                      |          |
| ZOc. TIME OF INJUI<br>Hour a.m.<br>p. m.                                    | RY Month, Day, Ye  |                |                                    | ACE OF INJURY (Hame, fo<br>ctary, street, office bldg.,     |   | vn)                       | (County)        | Æ.                         | (Stote)  |
| 21. I certify the alive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)        | hat I attended the                                       | decease<br>19_ | A contract death                   | m.D. Coeif  |   | auses and                 | an the date     | stated                     |          |
|   |  |                | 22c. NAME OF CEMETERY C            |   | 22d. LOCATION (                         |                           | caunty)         | (Stote                     | )        |
| 23. FUNERAL DIRECTOR  | Grant Funer  |                | Arlington Ce                       | 24o. RE   | C'D BY REGISTRAR                        | 24b. REGISTI              | RAR'S SIGNATU   | RE                         |          |

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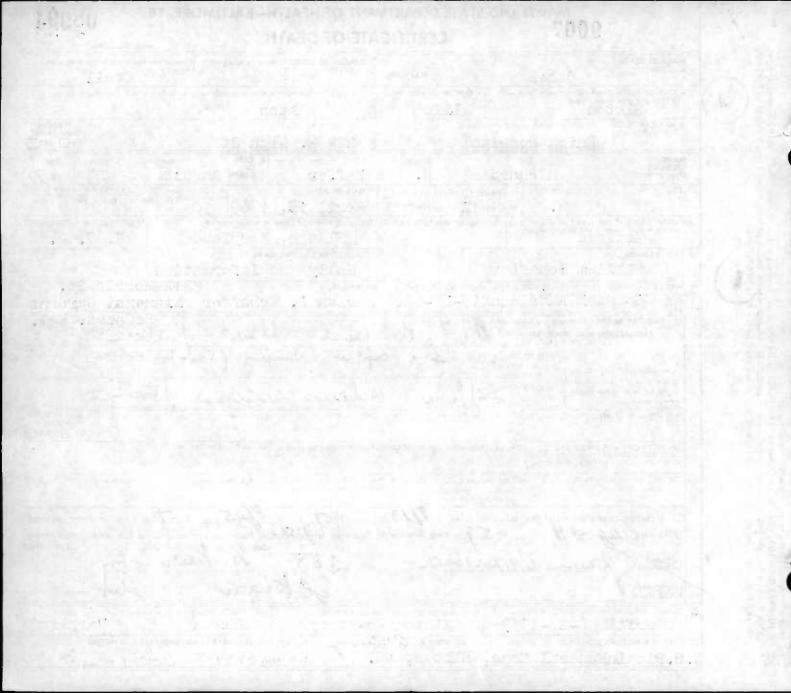
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

08994 Reg. Dist. No.

| PLACE OF DEATH     a. COUNTY   | Cecil  |                 | MARYLA                    | 0            | STATE Mary                                      |                        | lived. If instituti<br>b. COUNTY     |                 |                                 | n)             |
|--|--|-----------------|---------------------------|--------------|---|------------------------|--------------------------------------|-----------------|---------------------------------|----------------|
| b. CITY OR TOWN (I<br>RURAL and give no<br>EIKT                      |  |                 | igth of stay in<br>Life   | 11b c.       | CITY OR TOWN (IF                                |                        | te limits, write R                   | URAL and give   | nearest town)                   |                |
| d. NAME OF HOSPIT<br>OR INSTITUTION                                  | TAL (If not in hospital, gi<br>Union Ho                        |                 |                           |              | STREET ADDRESS                                  | igh St                 |                                      |                 | e. IS RESID<br>ON A F<br>YES [] | ARM?           |
| 3. NAME OF<br>DECEASED<br>(Type or print)                            | First<br>R <b>ich</b>  |                 | Middle<br>H •             | Scha         | lost<br>affer                                   | 4. DATE<br>OF<br>DEATH | August                               | ath .           | Day Ye                          | 59             |
| 5. SEX   | 6. COLOR OR RACE   | 7. MARRIED T    | NEVER MARRIED<br>DIVORCED |              | e of BIRTH                                      | 1869                   | AGE (In years lost birthday) 90 yrs. | Months Day      |                                 | 24 HRS<br>Min. |
| 100. USUAL OCCUPATION during most of work                            | ON (Give kind af work di<br>king life, even if retired)<br>ICA | one 10b. KIND O | F BUSINESS OR             | INDUSTRY 1   | Elktom,   |                        |                                      |                 | S. A.                           |                |
| 13. FATHER'S NAME  |  | 0               |                           |              | MOTHER'S MAIDEN                                 |                        | 1.0                                  |                 |                                 |                |
|  | iam Schaf  |                 |                           |              | 0   | o inio                 | rmatio                               |                 | a C+                            |                |
| Tes Spar   | R IN U. S. ARMED FORCE   | can215          | -22-628                   | 2 Haj        |   | Schaff                 | 0                                    | morri<br>amensi | Garde                           | ens            |
| Conditions, if a gave rise ta i cause (a), stating lying couse last. | mmediate (   | TIONS CONTRIB   | alays<br>we               | Adl          | elated to the term                              | any (                  | ua g                                 | Prote           | 19. WAS AL                      | JTOPSY         |
| PART II. OTH   | CAUSE OF DEATH   | 20b. DESCRIBE H | OW INJURY OCC             | CURRED. (Ent | er noture af injury in                          | Part I or Part I       | II of item 1B.)                      |                 | YES _                           |                |
| -  | MEDICAL EXAMINER) RY Month, Doy, Year                          | While No        | OCCURRED 20 at while work |              | F INJURY (Hame, fari<br>treet, office bldg., et |                        | or town)                             | (Count          | ty)                             | (Stote)        |
| 21. I certify the olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  | tot I oftended the   | 1959            |                           | Bleoth occu  | 19.57, to priced at 4:50,                       |                        |                                      |                 | ite stated                      |                |
| 22a. SURIAL, CREMATIC<br>REMOVAL (Specify)                           | 8-28-19  | A.C. 1          | NAME OF CEMETI<br>Elkton  |              | MATORY<br>etery                                 | 22d. LOCATIO           | on (City, tawn,<br>ton               |                 | (State)<br>Maryla               |                |
| 23. FUNERAL DIRECTOR   |  |                 | lkton.                    | "Lus<br>Md   |   | UG 2 7 '5              | 27.                                  | STRAR'S SIGNA   |                                 |                |



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or removal. VS. A15ME(5) 5M 9/55

# 900 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08995

. 14.

|  |   |                   |                               |               |  |                        |   | Keg. Dist.    | 110.                                    |
|--|---|-------------------|-------------------------------|---------------|--|------------------------|---|---------------|---|
| 1. PLACE OF DEATH  | ecil  |                   | MARYL                         | AND           | 2. USUAL RESIDENCE (  o. STATE Md                    |                        | ed lived. If institu<br>b. COUNTY       | -             |   |
| b. CITY OR TOWN  | (If outside corporate limits, write)                    | e RURAL           | c. LENGTH OF STAY IN 21 thou  |               | c. CITY OR TOWN (I                                   | founde corp            | porote limits, write                    | RURAL and gi  | ve nearest town)                        |
|  | ion Hospit  |                   | pitol, give street address)   | )             | d. STREET ADDRESS                                    |                        |   |               | e, IS RESIDENCE<br>ON A FARM?<br>YES NO |
| 3. NAME OF<br>DECEASED<br>(Type or print)                    | Wilbu   |                   | Middle Ott                    |               | Last   | 4. DATE<br>OF<br>DEATH | Month<br>8                              |               | 27 19 59                                |
| 5. SEX   | 6. COLOR OR RACE  | 7. MARRIE         | D NEVER MARRIED               |               | 3-31-1887  |                        | 9. AGE (In years lost birthday) 72 yrs. | Months Day    |   |
| 10a. USUAL OCCUPA<br>during most of wor                      | TION (Give kind of work king life, even if retired)     | done 10b. K       | any labo                      |               | Y 11. BIRTHPLACE (SION                               | or foreign c           | ountry)                                 | 100           | SAA                                     |
| 13. FATHER'S NAME  |   |                   |                               |               | 14. MOTHER'S MAIDEN                                  | NAME                   |   |               |   |
|  | orge Scott  |                   |                               |               | Rebeco   | a                      |   |               |   |
| 15. WAS DECEASED (Yes, no, or unknown)                       | EVER IN U. S. ARMED FC<br>(If yes, give war or dates of | (enima)           | 215-10-009                    |               | FORMANT Wilbur Sc                                    | ott,                   | Jr. Cec                                 | ilton         | , Md.                                   |
| Canditions, if gove rise to imm (o), stoting the cause lost. | any, which hediote couse underlying DUE TO              | Ar                | terio scle                    | Pro           | lo Malarda<br>sis Vascul                             | ar di                  |   |               |   |
| CATIC  | OTHER SIGNIFICANT CON                                   | DITIONS <u>CC</u> | INTRIBUTING TO DEATH          | BUT N         | OT RELATED TO THE TERM                               | AINAL DISEASI          | E CONDITION GIV                         | EN IN PART 1( | PEREORMED?                              |
|  | AUSE WAS<br>CONTRIBUTING   20<br>H.                     | b. DESCRIBE       | HOW INJURY OCCURE             | ED. (Er       | ter noture of injury in Pa                           | rt I ar Part II        | of item 18.)                            |               |   |
| 20c. TIME OF INJ   | n.  | While             |                               | PLAC<br>focto | E OF INJURY (Home, farry, street, office bldg., etc. | m, 20f. (City          | or town)                                | (County       | r) (State)                              |
|  | that I taak charge<br>ed from: Natural                  | -                 | , Accident ,                  | Suic          | ide 🔲, Homicide                                      |                        |   |               | and find that                           |
| ACTUAL<br>SIGNATURE  | pul   | W                 | oun                           | le            | Mo. CHIEF MEDICAL E                                  | -                      | . —                                     |               | DATE SIGNED                             |
| EXAMINER'S<br>NAME (Type)                                    | R.C.Dod   | xon               |                               |               | DEPUTY MEDICAL                                       |                        | _                                       | 8             | 29_1050                                 |
|  | TION, 22b. DATE THEREO                                  | )F                | 22c. NAME OF CEMETER Ceciltor |               |  | 22d. LOCAT             | TION (City, town, c                     | or county)    | (Stote)                                 |
| 23. FUNERAL DIRECTO  |   | & M               | ADDRESS                       | -             | DATEST   | D BY REGIST            | RAR 24b. REGIS                          | TRAR'S SIGNA  |   |

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9028

**CERTIFICATE OF DEATH** 

08996 Reg. Dist. No.

| a. COUNTY   | Ceeil-  | MAI  |                            | STATE Mary                              |                                     | d lived. If institut<br>b. COUNTY          | Baltim                        | before admi                 | ssion)               |
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| b. CITY OR TOW<br>RURAL ond giv<br>Perry          | N (If outside corporate limit<br>e nearest town)            | s, write c. LENGTH OF STA  |                            |   | If outside corpo                    | rote limits, write l                       |                               |                             | (n)<br>2.2           |
| OR INSTITUTION                                    | SPITAL (If not in hospitol, gi<br>DN<br><b>Administrati</b> |  |                            | STREET ADDRESS 214 B Su                 | ter Roa                             | d  | 1-14                          | ON                          | SIDENCE<br>A FARM?   |
| 3. NAME OF<br>DECEASED<br>(Type or print)         | JOHN  | Midd B.  |                            | Lost<br>TTH                             | 4. DATE<br>OF<br>DEATH              | August                                     | 29                            | Day                         | Year<br>19 <b>59</b> |
| s. sex  | 6. COLOR OR RACE  | 7. MARRIED NEVER MAR   |                            | of BIRTH                                | .1899                               | 9. AGE (In years lost birthday) 60 yrs.    | Months [                      | YEAR IF UND<br>Days Hours   | 7                    |
| 0a. USUAL OCCUP<br>during most of                 | ATION (Give kind of work of working life, even if retired)  | lone 10b. KIND OF BUSINESS Unknown   | OR INDUSTRY 11             |   |                                     | ountry)                                    | 12.CITIZ                      | EN OF WHAT                  | COUNTRY              |
| 3. FATHER'S NAME                                  | ıknown  |  | 14. A                      | NOTHER'S MAIDEN                         | nknown                              | Dr. of                                     | Helion                        |                             | -                    |
| IS. WAS DECEASED<br>(Yes, no, or unknown)         | EVER IN U. S. ARMED FORG                                    |  |                            |   | s, VA H                             | ospital,                                   | Perry                         | Point.                      | Md.                  |
| gove rise to<br>cause (a), stat<br>lying couse la | ost. (c)  |  | PEATH BUT NOT RE           | LATED TO THE TER                        | RMINAL DISEAS                       |  | VEN IN PART                   | PERF                        | AUTOPSI<br>ORMED?    |
| E 20g. ACCIDENT                                   | WAS UNDERLYING ING CAUSE OF DEATH                           | 20b. DESCRIBE HOW INJURY   | OCCURRED. (Enter           | noture of injury                        | in Port I or Por                    | t II of item 1B.)                          |                               | 11.34                       |                      |
| Hour o.   | JURY Manth, Doy, Yea<br>m.<br>m. 19                         | variable of work of the control of t | 20e. PLACE OF factory, str | INJURY (Home, for<br>eet, office bldg., | orm, 20f. (City                     | or town)                                   | (Co                           | ounty)                      | (Stote               |
| ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)          | J.  | L. GAREY  F 22c, NAME OF CE  | at death accur             | V.A.Hosi<br>Clinic                      | P.M. from ADDRESS (S Dital, Cal Pat | the causes ar treet, city or town. Perry P | nd on the<br>stote)<br>oint,M | date state<br>DA<br>Id • 8• | d abav               |
| DE1401441 15                                      |   |  | WEIEKT OK CKEW             | ATORY                                   | 220. LOCA                           | HON (City, town,                           | or county:                    | fSto                        | ote)                 |
| REMOVAL (Spe<br>Removal<br>23. FUNERAL DIRECT     | eify) 9/3/s   | -0   | e Nation                   | al                                      | 100                                 | timore,                                    |                               | ryland                      | ote)                 |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08997

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Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Stote)

Day

Days

(County)

ON A FARM?

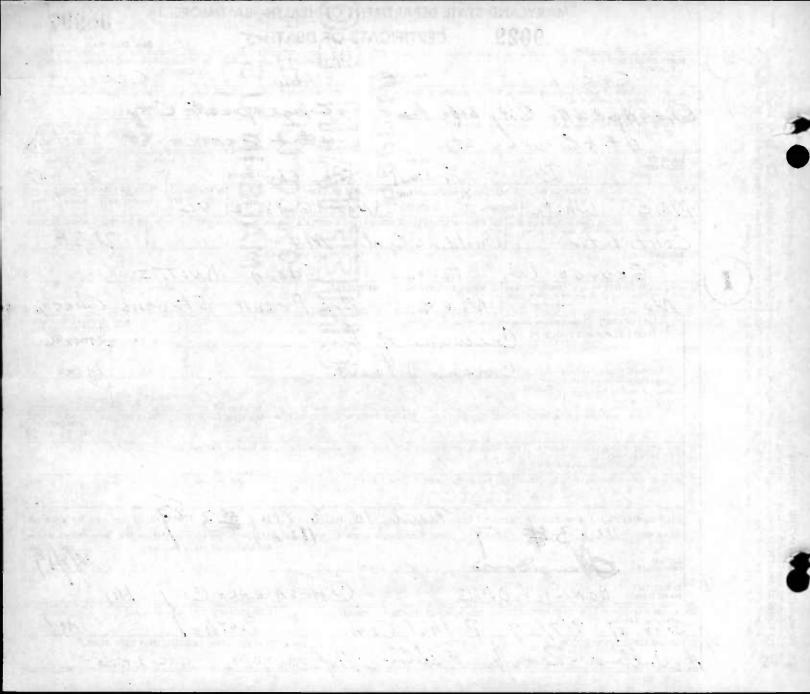
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08998 9009 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Cecil MARYLAND Md. Cecil b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Elkton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Douglas Street Union YES NOT NAME OF First Middle 4. DATE Month Day Yeor DECEASED OF DEATH STEVENSON NERVIE T.OII August 19 59 (Type or print) 6. COLOR OR RACE 7. MARRIED MEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Hours White Female WIDOWED [7] DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
House Wile at Home Virginia TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Austin Sparks Mary Shelton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No George M. Stevenson Elkton, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) Arteriosclerotic cardiovascular disease with severe angina actoris DUE TO unknown Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. m. Not while of work of work

21. I certify that I attended the deceased from Sept. 15 August 29 , 1959 that I last saw the deceased 59 , and that death occurred at .M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL

PHYSICIAN'S

NAME (Type)

Jr.,

ph' Andrews.

233 E. Main Street

Maryland

22b. DATE THEREOF 220. BURIAL, CREMATION, REMOVAL (Specify) Se

22c. NAME OF CEMETERY OR CREMATORY Gilpin Manor Memorial

22d. LOCATION (City, town, or county) Park Elkton.

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

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|---------------|--|---|----------------|-------------------------------------|-----------------------|------------|------------------------|---------------------------------|-------------------|-------------|--------------------------------|--------------|
|               | PLACE OF DEATH   |   |                |                                     | 2. USUAL RESI         | DENCE (W   | here decease           | d lived. If instituti           |                   | once before |                                | sion)        |
| 1             | o. COUNTY Cec  | il  |                | MARYLAND                            |                       |            |                        | cofund                          |                   | sirce ben   | ore odiniss                    |              |
|               | b. CITY OR TOWN ( RURAL ond give n   | If outside corporate lim                                  | its, write     | c. LENGTH OF STAY IN 16             | c. CITY OR            | OWN (If    | outside corpo          | prote limits, write R           | URAL ond          | give ne     | earest town                    | 1)           |
|               | Perry Poi  | nt, Md.   |                | 15 days                             |                       |            | ngton                  | 4                               | 7X-               | 3           |                                |              |
|               |  | TAL (If not in hospital, (                                |                |                                     | d. STREET A           |            |                        |                                 |                   |             | e. IS RES<br>ON A              | FARM?        |
| _             |  | Administra  |                |                                     | "                     |            | E. Caj                 |                                 | reet              |             |                                | NO 📑         |
|               | NAME OF<br>DECEASED<br>(Type or print)   | EDGAR   | L. I           | Middle<br>PHREATT                   | Los                   |            | 4. DATE<br>OF<br>DEATH |                                 | ugus              | t           | 6,                             | Yeor<br>1959 |
|               | SEX  | 6. COLOR OR RACE  |                | TED NEVER MARRIED                   | 8. DATE OF BIRT       |            |                        | 9. AGE (In years lost birthdoy) | IF UNDE<br>Manths | R 1 YEAI    | R IF UNDE                      | R 24 HRS.    |
|               | Male   | Negro   | WIDOWE         |                                     | 9/20/                 |            |                        | 41 yrs.                         |                   |             |                                |              |
|               | during most of wor   | on (Give kind of work king life, even if retired operator | )              | KIND OF BUSINESS OR INDU            | Evers                 | on,        | West 1                 | ountry)<br>Virginia             |                   | USA         | A.                             | OUNTRY?      |
|               |  |   |                |                                     | 14. MOTHER'S          |            | NAME                   |                                 |                   |             |                                |              |
|               | Russell T  | Threatt<br>R IN U. S. ARMED FOR                           | CESS IV        | COCIAL CECHBITY NO.                 | Unkno                 | wn         |                        | Add                             |                   |             |                                |              |
| (Ye           | Yes  | (If yes, give wor or dates of s                           | iervice)       |                                     |                       | D          |                        |                                 |                   |             | 363                            |              |
| _             |  | ATH [Enter only one co                                    | Wee per lie    |                                     | ospital               | neco       | rus,                   | van, rer.                       | Ly F              |             | t, Md                          |              |
|               |  | TH WAS CAUSED BY:   |                | Bronchopneumon:                     | ia, left              | lowe       | r lobe                 |                                 |                   | 2-<br>0N    | TERVAL BE<br>ISET AND<br>3 day | DEATH        |
|               | 151X   | DUE TO  |                |                                     |                       |            |                        |                                 |                   |             |                                |              |
|               | Conditions, if o   | mmediate  |                | Abdominal care                      | inomatos:             | Ls.        |                        |                                 |                   | U           | nknow                          | m            |
|               | couse (o), stoting<br>lying cause lost.  | the under-  |                | Yamainama as di                     | ha akawa              | -la d      |                        | and the same discount           |                   |             | 1.                             |              |
| Z             |  | J (c  |                | CONTRIBUTING TO DEATH BUT           |                       |            |                        |                                 |                   |             | nknow                          |              |
| ICATIO        |  |   |                |                                     |                       |            | III WAL DISEAS         | E CONSTROIT ON                  | LIV IIV IA        | K1 1(0)     | PERFO                          | RMED?        |
| CERTIFICATION | 20a. ACCIDENT WA<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY  | AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)    | 20b. DESC      | CRIBE HOW INJURY OCCURRE            | D. (Enter noture o    | injury in  | Port I or Por          | t II of item 18.)               |                   |             |                                |              |
| MEDICAL       | 20c. TIME OF INJUR   | Y Month, Doy, Ye  |                |                                     | ACE OF INJURY         | Home, form | m, 20f. (City          | r or town)                      |                   | (County)    | )                              | (Stote)      |
| MED           | Hour o.m.<br>p.m.  | 19  | While of world | Not while                           | ctory, street, office | blag., etc | c.)                    |                                 |                   |             |                                |              |
|               | 21. I certify th   | at I attended the   | decease        | ed fram 7/22                        | 19.59                 | ta         | 8/6                    | , 1959,                         | +68636360         | KXXX        | CXCXXXXX                       | 2422         |
|               | MATERIA MATERI | XXXXXXXXX   | XXXX           |                                     |                       |            | PM fram                | the causes an                   | d an th           | e dat       | e stated                       | I ahave      |
|               | -  |   | V.             | XXXX and that death<br>A. Hospital, | Perry P               | oint       | ADDINES (S             | treet, city or town,            | stote)            | ic dan      | DAT                            | E SIGNED     |
|               | SIGNATURE JAM  | ES L. GAR   | EY, N          | 4. D.                               | M.DClin               | ical       | Patho                  | logist                          |                   |             |                                |              |
| H,            | PHYSICIAN'S<br>NAME (Type)   | mes 8   | ES             | arey                                |                       |            |                        | 200100                          |                   |             |                                |              |
| 220           | REMOVAL (Specify)  | 8/10/3  | OF 4           | 22c. NAME OF CEMETERY O             | R CREMATORY           |            | 22d. LOCA              | IION (City, town,               | or county)        | u           | 2 (Stote                       | 4            |
| 25.           | FUNERAL DIRECTOR   | S SIGNATURE   | 1              | ADDRESS                             |                       | 24a. REC   | D BY REGIST            | RAR DAB. REGI                   | STRAR'S S         | IGNATI      | IRE                            |              |
|               | tore   | 1   | 1              |                                     |                       | DATE       | AUG 13                 | (2)                             | Bir Ching         | 1. 1        | VINE                           |              |
|               |  | A Comment   |                |                                     |                       |            |                        |                                 |                   |             |                                |              |

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| DEPU CAL EXAMINER: This certificate should be executed within 24 hours offer death. If any |      | 10  | FUNERAL DIRECTOR: Page 3 should be used as a buriol-fransit permit. File pages, and 2 with the remistrar prior to huring prematic |
|  | ,    | P   | A   |
| 5  | 9    | ŏ   | 00  |
| ā.   | 40-4 | ō   | Z   |
| 2  | 0    | 3   | 5   |
| _  | 2    | ō   | -   |

|         | PLACE OF DEATH   |  |  | 2 HOLLAN DECIDENCE   | Where deceased lived. If   | Institution Best   | b.f              | and—testa at   |
|---------|--|--|--|--|--|--|------------------|--|
|         | o. COUNTY<br>Cecil   |  | MARYLAND   | o. STATE Penn  | b. CC  | OUNTY -  | sence before     | odmission)   |
|         | CITY OR TOWN (If outside corporate fimits, wr<br>and give nearest town)  | ite RURAL  | c. LENGTH OF STAY IN 16  |  | If outside corporate limits,   | write RURAL or   | nd give neare    | est town)  |
|         |  | 1  | 3 days   | Read   | ind Penna  |  | 75               | x.3  |
|         | I. NAME OF HOSPITAL OR INSTITUTION   | (If not in ho  | pital, give street address)  | d. STREET ADDRESS  |  |  |                  | IS RESIDEN<br>ON A FAR<br>ES NO  |
| 3.      | NAME OF FI   | rst  | Middle   | Last   | 4. DATE  | Month  | Doy              | Year   |
| -       |  |  |  | Wah1   | DEAGLE .   | igust 28   | 3                | 1959   |
| 5.      | EX 6. COLOR OR RACE  | 7. MARRI   | ED NEVER MARRIED B   | DATE OF BIRTH  |  |  |                  |  |
|         | Female white   | WIDOWE   | D DIVORCED   | June 5. 195  |  | yrs. Months  | Days Ho          | ours Min.  |
| 100     | . USUAL OCCUPATION (Give kind of work  | done 10b. I  | (IND OF BUSINESS OR INDUST   | RY 11. BIRTHPLACE (Stot  | e or foreign country)  | 12. CI   | TIZEN OF W       | HAT COU  |
|         |  |  |  | Read   | no Penna   |  | TISA             |  |
| 13      |  |  |  | 1  |  |  | 0021             |  |
|         | William Albort   | Wah 1  |  | Y7::-  | to Dothan  | Ch i m   |                  |  |
| 15      |  |  | SOCIAL SECURITY NO. 17. II   |  |  |  | er               |  |
| (Ye     | , no, er unknown) (If yes, give wor or dates o   | f service)   |  |  |  |  |                  |  |
| F       | TO CAME OF OF A PARTY IS A SECOND OF THE PARTY |  |  | William A.Wa   | ahl Rd 2 R   | leading  |                  |  |
|         |  | ose ber me   | for (0), (b), ond (c). j   |  |  |  | ONSET AN         | ID DEATH   |
|         | IMMEDIATE CAUSE (c   | )  | Drowned  |  |  |  |                  |  |
|         | 1 -1 -   |  |  |  |  |  |                  |  |
|         |  | 1  |  |  |  |  |                  |  |
|         | (a), stoting the underlying DUE TO   |  |  |  |  |  |                  |  |
|         | couse lost.  | )  |  |  |  |  |                  |  |
| S       | PART II. OTHER SIGNIFICANT CON   | IDITIONS CO  | ENTRIBUTING TO DEATH BUT N   | IOT RELATED TO THE TERM  | AINAL DISEASE CONDITION  | GIVEN IN PAI   | RT 1(o) 19. V    | VAS AUTO   |
| 3       |  |  |  |  |  |  | YES              |  |
| 14.     | 20g. EXTERNAL CAUSE WAS  | 0b. DESCRIBE   | HOW INJURY OCCURRED. (E  | nter noture of injury in Po  | ort I or Port II of item 18.)  | Million H  |                  |  |
| 8       | CAUSE OF DEATH.  | Isla   | Thad into dear   | water  |  |  |                  |  |
| 13      |  | ar 20d. 1  | NJURY OCCURRED 200. PLA  | CE OF INJURY (Home, far  | m, 20f. (City or town)   | (Co  | ounty)           | (Ste   |
| WED WED | Hour o. m.   | While  | _ INDI WILLIA  | ory, street, office bldg., el  |  |  |                  |  |
| 1       |  |  |  | ve held an Auton   | North Ea   |  |                  |  |
|         |  |  |  |  |  |  |                  | na rind  |
|         | dealin resolved from: National   | cooses [   | J, Accident XI, 50%  | Homicid  | e, Undetermine   | ea cause _   | ٦٠               |  |
|         | ACTUAL DO PO   | 20   | 18/1/21  | CAMPS WEST   |  |  | D/               | ATE SIGNE  |
|         | SIGNATURE  |  | - CONTOC   | _M.D. CHIEF MEDICAL E  |  |  |                  |  |
|         |  |  |  | ASSISTANT MEDIC  | CAL EXAMINER   |  |                  |  |
|         | EXAMINER'S   |  |  |  | The second secon |  |                  |  |
|         | NAME (Type) R.C. Dods  |  |  | DEPUTY MEDICAL   | EXAMINER   | 8  | -28-19           | 059  |
| 220     |  |  | 22c. NAME OF CEMETERY OR   |  | EXAMINER 22d. LOCATION (City, to   |  |                  | (Stote)  |
|         | 3.   100 d   13.   15.   17 m   17 m  | North East Rura d. NAME OF HOSPITAL OR INSTITUTION  3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE  White 100. USUAL OCCUPATION (Give kind of work during most of working life, even if refired) 13. FATHER'S NAME  William Albert 15. WAS DECEASED EVER IN U. S. ARMED FR (Yes. no. er unknown)  18. CAUSE OF DEATH [Enter only one compart in DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CON  PART III. OTHER SIGNIFICANT CON  PART III. OTHER SIGNIFICANT CON  OUT  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  201. I certify that I took charged death resulted from: Natural | North Bast Rural  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital december of the process | North Bast Rural  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  3. NAME OF DECEASED (Type or print)  Diane Louise  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUST  10c. LISUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10c. USUAL OCCUPATION (Give kind of work done louise)  10c. USUAL OCCUPATION (Give kind of work done louise)  10c. USUAL OCCUPATION (Give kind of work done louise)  10c. USUAL OCCUPATION (Give kind of work done louise)  10c. USUAL O | North East Rural   3 days   Read:  | North East Rural  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  Rd 2  3. NAME OF First Middle Diane Louise Wahl  5. SEX  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  White WIDOWED   DIVORCED   Tune 5, 1955  4. 100. USUAL OCCUPATION (Cive kind of work done dorse) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  10. USUAL OCCUPATION (Cive kind of work done dorse) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  13. FATHER'S NAME  William Albert Wahl  15. WAS DECEASED EVER IN U. S. ARREE PORCESS 116. SOCIAL SECURITY NO. 17. INFORMANT  Address MAIDEN NAME  William Albert Wahl  16. CAUSE OF DEATH [Enter only one couse per line for (p), (b), ond (c).]  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (p)  DUE TO  Conditions, if ony, which gove rise to immediate couse (c), stoting the underlying couse lost.  TO CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CAUSE (D) TO WATER CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CAUSE (D) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CAUSE (D) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CAUSE (D) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CAUSE (D) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CAUSE (D) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION FOR THE PART OF THE TERMINAL DISEASE CONDITION CAUSE (D) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION FOR THE PART OF THE TERMINAL DISEASE CONDITION FOR THE PART OF THE TERMINAL DISEASE CONDITION FOR THE PART OF THE TERMINAL DISEASE CONDITION FOR THE P | North East Rural | North East Rural  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  Rd. 2  3. NAME OF DEATH  Diane  Louise  B. DATE OF BEATH  PEMBLE  6. COLOR OR RACE  7. MARRIED  DIONECED  DIONECED  DIONECED  DIONECED  100. USUAL OCCUPATION (Give kind of work done)  105. KIND OF BUSINESS OR INDUSTRY  110. USUAL OCCUPATION (Give kind of work done)  111. MOTHER'S MANDEN NAME  WILLIAM Albert Wahl  112. CITIZEN OF W  WILLIAM ALBERT Wahl  113. FATHER'S NAME  WILLIAM ALBERT Wahl  114. MOTHER'S MAIDEN NAME  WILLIAM ALBERT Wahl  115. WAS DECEASED EVER IN U. S. ARMED FORCES?  Iffen. or, or unbanness  Iffen. or, or unbanness  Iffen. or, or unbanness  DIVERTING A Wahl  Rd. 2 Reading Penna  Iffen. or, or unbanness  DUE TO  Conditions, if ony, which gove rise to immediate couse  (c), Joting the underlying  DUE TO  Conditions, if ony, which gove rise to immediate couse  (c), Joting the underlying  COURS OF DEATH  DUE TO  Conditions, if ony, which gove rise to immediate couse  (c), Joting the underlying  COURS OF DEATH  HOW ON THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  WAILED  DUE TO  Conditions, if ony, which gove rise to immediate couse  (c), Joting the underlying  CAUSE OF DEATH  HOU ON THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  WAILED  DUE TO  CONTRIBUTION  (C)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  HOUR ON, MAILED  DUE TO  CONTRIBUTION  (C)  WAILED  TOTAL  DUE TO  COURSED. (Enter noture of injury in Part I or Port II of item 18.)  WAILED  CAUSE OF DEATH  HOUR ON, WAS CAUSED BY, Manness  WAILED  TOTAL  DUE TO  COURSED. (City or lown)  (County)  HOUR OF WAILER  TOTAL  TOTAL  DUE TO  COURSED. (City or lown)  (County)  TOTAL  TOTAL  TOTAL  DIE TO  COURSED. (City or lown)  (County)  TOTAL  TOTAL |

VS A1S (4) 1SM 9/SB

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9032

CERTIFICATE OF DEATH

09001

|   | - 0  | 0.0         |                         |           |                           |                        |   | Reg. Dist.    | . No. 96       |                    |
|---|--|-------------|-------------------------|-----------|---------------------------|------------------------|---|---------------|----------------|--------------------|
| 1. PLACE OF DEATH<br>o. COUNTY            |  | 15.00       |                         |           | USUAL RESIDENCE (\        | Where deceased         | lived. If institution b. COUNTY         | on: Residence | before admis   | sian)              |
|   | Cecil  |             | MARYLAN                 | AD        | Dist                      | rict o                 |   | ia            | 55 35          | 1                  |
| b. CITY OR TOWN (<br>RURAL and give n     | (If autside carporate limit<br>nearest tawn)             | s, write    | c. LENGTH OF STAY IN    | 1b        | c. CITY OR TOWN (I        | If outside carpor      | ote limits, write RI                    | URAL and giv  | ve nearest taw | n)                 |
| Perry P                                   |  |             | 3 mo. 27 d              | ays       | Wash                      | ington                 |   |               | 47X-           | 3                  |
| OR INSTITUTION                            |  |             |                         |           | d. STREET ADDRESS         |                        |   |               | ON             | SIDENCE<br>A FARM? |
| Veterans                                  | Administra   | tion        | Hospital                |           | 503 D                     | Street                 | S. El                                   |               | YES L          | NO 🗔               |
| NAME OF<br>DECEASED<br>(Type or print)    | Firs   |             | Middle (atar )          |           | Lost                      | 4. DATE<br>OF<br>DEATH | Mon                                     |               | Day            | Year               |
| S. SEX                                    |  | WARD        | (NMI)                   |           | WATSON<br>ATE OF BIRTH    |                        | 9. AGE (In years                        |               | YEAR IF UND    | 19 59              |
| . 367                                     |  |             | D NEVER MARRIED         |           |                           |                        | last birthdoy)                          | -             | ays Hours      | Min.               |
| Male                                      | HESTO  | WIDOWED     |                         |           | 12-21-09                  |                        | 49 yrs.                                 |               |                |                    |
| Oa. USUAL OCCUPATI                        | ION (Give kind of work d<br>rking life, even if retired) | one 10b. K  | IND OF BUSINESS OR IT   | NDUSTRY   | 11. BIRTHPLACE (Sto       | ate ar foreign co      | untry)                                  | 12. CITIZE    | EN OF WHAT     | COUNTRY            |
| Rigg                                      |  |             | obtainabl               | е         | D. C.                     |                        |   | US            | A              |                    |
| 3. FATHER'S NAME                          |  |             |                         |           | . MOTHER'S MAIDEN         | NAME                   | 11.                                     |               |                |                    |
|   | Unknow   | a           |                         |           | Mary (?                   | ) Wats                 | on                                      |               |                |                    |
|   | ER IN U. S. ARMED FOR                                    |             | OCIAL SECURITY NO.      | INFO      | RMANT                     |                        | Addr                                    | ess           | F-100          |                    |
| Yes, no, or unknown)                      | (If yes, give wor or dates of se                         |             | t obtainab              | le        | Hospital                  | Record                 | s, VAH,                                 | Perry         | Point          | ,Md.               |
| 18. CAUSE OF DE                           | ATH [Enter only one cou                                  | se per line | far (o), (b), and (c).] | 1         |                           |                        |   | 11000         | INTERVAL BI    |                    |
| PART I. DE                                | ATH WAS CAUSED BY:                                       | Ure         | mia, uremi              | e no      | isoning (                 | clinic                 | ([e                                     |               | 30 da          |                    |
| 1611 2                                    | IMMEDIATE CAUSE (a)                                      |             |                         | - 10      |                           | 0111110                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               | 70 00          | N 5                |
| 740                                       | DUE TO   | TT          |                         | 3         |                           |                        |   |               |                |                    |
| Canditions, if a                          |  | нур         | ertensive               | card      | 10-vascul                 | ar ren                 | al disea                                | se            | unkn           | own                |
| cause (a), stating                        |  |             |                         |           |                           |                        |   |               |                |                    |
| lying couse last.                         |  |             |                         |           |                           |                        |   |               |                |                    |
| PART II. OT                               | THER SIGNIFICANT CONE                                    | DITIONS CO  | INTRIBUTING TO DEATH    | BUT NO    | T RELATED TO THE TER      | MINAL DISEASE          | CONDITION GIV                           | EN IN PART    | 1(a) 19. WAS   | AUTOPSY            |
| Ž   |  | 23"15       |                         | 119       |                           |                        |   |               |                | DRMED?             |
| 200 ACCIDENT W                            | AS HINDERLYING TO  | 20h DESCI   | RIBE HOW INJURY OCCU    | IDDED /E  |                           | in Post I as Post      | II of item 18 \                         | _             | 163 (2         | I NO L             |
| (IF EITHER, NOTIFY                        | G CAUSE OF DEATH MEDICAL EXAMINER)                       | ZOD. DESCI  | TIBE HOW INJURY OCCU    | JKKED. (E | nter notore of injury i   | in Fort tot Fort       | II di nem 15.j                          |               |                |                    |
| 20c. TIME OF INJUI<br>Haur o. m.<br>p. m. | RY Month, Doy, Yea                                       | r 20d. IN.  | URY OCCURRED 20e        | e. PLACE  | OF INJURY (Hame, fa       | arm, 20f. (City        | or town)                                | (Co           | unty)          | (State             |
| Hour o. m.                                | 19   | While       | Not while               | factory   | , street, affice bldg., a | etc.)                  |   |               |                |                    |
|   | VA   | at work     |                         |           |                           |                        |   |               |                |                    |
| 21. I certify the                         | hot battended the  | deceose     | from April              | 29        | _, 19.59 , to A           | August                 | 25_, 19_59                              | MOXX 16X      | XXXXXXXXX      | iecease            |
|   | XXXXXXXXX  |             |                         |           | curred at 11.5            | Ommerom t              | he couses on                            | d on the      | date state     | d obove            |
|   |  |             | remay one more          |           |                           |                        | eet, city or tawn,                      |               |                | TE SIGNE           |
| ACTUAL                                    | they,  |             | 1-                      |           | TT A TI                   |                        |   |               |                | 00 5               |
| SIGNATURE                                 | 1. U.Ju  | rec         |                         | M.D.      | V.A.Hosp                  | oltal,P                | erry Pol                                | nt, M         | d. 8-          | -28-5              |
| PHYSICIAN'S                               |  | //          |                         |           |                           |                        |   |               |                |                    |
| NAME (Type)                               | J. L.  | GAREY       | P                       |           | Clinic                    | cal Pat                | hologist                                | <b>.</b>      |                |                    |
| 22a. BURIAL, CREMATIC                     |  | F           | 22c. NAME OF CEMETER    | RY OR CR  |                           |                        | ION (City, town, o                      |               | (Sta           | te)                |
| SEMOVAL (Specify                          |  | 50          | Prospe                  |           |                           |                        |   |               |                |                    |
| MEMOVAL                                   | our creation of  | 1/          |                         | 00        | 1.                        |                        | ospect,                                 |               |                |                    |
| 3. FUNERAL DIRECTOR                       | CS SIGNATURE   | /           | ADDRESS                 |           |                           | C'D BY REGISTI         |   | STRAR'S SIGN  |                |                    |
| Pennin                                    | gton & Bone  | H.          | avre de Gra             | ace,      | Md. DATE                  | SEP 1 '5               | Da Cr                                   | rthur S.      | Thous          |                    |

AAASI STARK The property of the state of th Carried Contracts (49 Line 2011) (177) Contracts The state of the s Telenova (7) results and the second of the s of the transfer obvidence of the state of th tion of the control o months . Someth Later this per-offers examining an other continues of the continues of t March 1905 Live To Hamilton Live and Hamilton Report to the Control of Contro in the state of the second The state of the s Applicated the state of the sta The same all papers of the same and the same

# l, cremation,

050

# 9033 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 09002 Rog, Dist. No. 96

| 1. PLACE OF DEATH                                     |  |              |                       |          | 2. USUAL RESIDENCE   | (Where deced    | med lived. If Institu           | ution: Resid | dence be  | fore adm         | issian)    |
|---|--|--------------|-----------------------|----------|--|-----------------|---------------------------------|--------------|-----------|------------------|------------|
| d. COUNTY   | Cecil  |              | MARY                  | LAND     | o. STATE Mary  | yland           | b. COUNT                        | Υ            |           |                  | _ /        |
| b. CITY OR TOWN                                       | (If outside corporate limits, write                  | RURAL        | c. LENGTH OF STAY I   | N 1b     | c. CITY OR TOWN  | (If autside co  | rporate limits, write           | RURAL or     | nd give n | earest to        | wn)        |
| Perry   |  |              | 42 days               | -        | Bal  | timore          | 3                               | VOI          | - 44      |                  |            |
|   | TAL OR INSTITUTION (I                                | If nat in ho |                       | 1)       | d. STREET ADDRESS  |                 |                                 | +            |           |                  | ESIDENCE   |
|   | Administrat  | ion          | Hospital              |          | 2410   | Annapo          | lis Aven                        | ue           |           |                  | A FARM?    |
| 3. NAME OF<br>DECEASED                                | Fin  | if           | Middle                |          | Lost   | 4. DATE         | Mont                            | h            | Day       | 1                | ear        |
| (Type ar print)                                       | ROG  | FER          | E.                    |          | WILLIAMS   | DEATH           | Augu                            | st           | 12        | 2 1              | 9 59       |
| 5. SEX  | 6. COLOR OR RACE                                     | 7. MARRI     | ED NEVER MARRIED      | 3 8.     | DATE OF BIRTH  |                 | 9. AGE (In years lost birthday) |              | RIYEAR    |                  | ER 24 HRS. |
| Male  | Negro  | WIDOWE       | D DIVORCED            |          | 11-30-36   |                 | 22 ym.                          | Manths       | Days      | Hours            | Min.       |
| 10a. USUAL OCCUPAT                                    | ION (Give kind of wark of ing life, even if retired) | dane 10b.    | KIND OF BUSINESS OR I | NDUST    | RY 11. BIRTHPLACE (Sta   | te ar fareign   | country)                        | 12. CI       | TIZEN O   | F WHAT           | COUNTRY    |
| Labore  | ing life, even it refired)                           |              | unknown               |          | Marylar  | nd              |                                 | 1            | USA       |                  |            |
| 13. FATHER'S NAME                                     |  |              |                       |          | 14. MOTHER'S MAIDEN  |                 |                                 |              |           |                  |            |
|   | Luther   | Will         | iams                  |          | Minnie   | H:11            |                                 |              |           |                  |            |
| 15. WAS DECEASED E                                    | VER IN U. S. ARMED FOI                               |              | SOCIAL SECURITY NO.   | 17. IN   | FORMANT  | *****           | Address                         |              |           | 0.7              |            |
| Yes, no, or unknown)                                  | No War   |              | unknown               | -        | ospital Red  | ahraa           |                                 |              | Dain      | 4 7              | (2)        |
|   |  |              |                       | 1 116    | ospical nec  | Jorus,          | VAH, Pe                         | I.I.y        |           |                  |            |
|   | ATH [Enter only one cau<br>ATH WAS CAUSED BY:        | _            |                       |          |  |                 |                                 |              | ONSI      | ET AND DE        | ATH        |
| TAKI I. DD  | IMMEDIATE CAUSE (a)                                  | Dr           | owned                 |          |  |                 |                                 |              |           |                  |            |
| 975   | X DUE TO   |              |                       |          |  |                 |                                 |              |           |                  |            |
| Canditions, if  |  |              |                       |          |  |                 |                                 |              |           |                  |            |
| gave rise to imme                                     |  |              |                       |          |  | F 1997          |                                 |              |           |                  | -          |
| cause last.   | (c).   |              |                       | -        |  |                 |                                 |              |           |                  |            |
| Z PART II. OT   | THER SIGNIFICANT CON                                 | DITIONS CO   | ONTRIBUTING TO DEATH  | BUTN     | OT RELATED TO THE TER  | MINAL DISEA     | SE CONDITION GIV                | EN IN PA     | RT 1(a) 1 |                  |            |
| Ĭ   |  |              |                       |          |  |                 |                                 |              |           | PERFC<br>YESMOTE | RMED?      |
| PART II. OI   | USE WAS _ 20   | b. DESCRIB   | E HOW INJURY OCCUR    | RED. (Er | nter nature of injury in P   | art I or Part I | I of item 18.1                  |              |           | 46,0             |            |
| 20g. EXTERNAL CA<br>PRIMARY STOR CO<br>CAUSE OF DEATH | ONTRIBUTING  |              | cide by dr            |          |  |                 |                                 |              |           |                  |            |
|   | JRY Month, Day, Yea                                  |              | INJURY OCCURRED 20    |          |  | rm 1206 (C)     | v or town)                      | IC.          | aunty)    |                  | (State)    |
| O Hour a.m.   |  | Whil         | e Not while           | tacta    | ry, street, attice bldg., e  | fc.)            |                                 |              |           |                  |            |
|   |  |              |                       |          | quehanna R   |                 |                                 |              |           |                  |            |
| 21. I certify t                                       | that I taak charge                                   | of the       |                       |          | At the same of the |                 | inspection to                   | Inqui        | iry k     | , and            | find tha   |
| death resulte   | d_from: Natural                                      | causes [     | _, Accident,          | Suic     | ide 🗶 , Hamicio  | de 🔲, l         | Indetermined of                 | cause [      | ].        |                  |            |
|   | 1) 10010   |              | 11 181                | 1        |  |                 |                                 |              |           |                  |            |
| ACTUAL  | YXXMT  | 200          | nav                   |          | M.D CHIEF MEDICAL  | EXAMINER [      |                                 |              |           | DATE S           | IGNED      |
|   |  |              |                       |          | ASSISTANT MED  | ICAL EXAMIN     | ER 🔲                            |              |           |                  |            |
| EXAMINER'S<br>NAME (Type)                             | R. C.  | DOD          | SON                   |          | DEPUTY MEDICA  | L EXAMINER      | M                               |              |           | 8-12             | 2-59       |
|   | ON, 22b. DATE THEREO                                 |              | 22c. NAME OF CEMETE   | RY OR    |  |                 | ATION (City, town,              | or county)   |           | (Stat            | e)         |
| ROMOVAL (Specific                                     |  | 1-9          | Baltimor              |          |  |                 | ltimore,                        |              |           |                  | -1         |
| 23. FUNERAL DIRECTO                                   | R'S SIGNATURE  | 1            | ADDRESS               |          |  | C'D BY REGIS    |                                 | STRAR'S SI   |           |                  |            |
| Largare   | and I'm  | AVTO         |                       | Man      | han lare   | -               |                                 |              |           |                  |            |
| Penningt  | on & Jon, I  | lavre        | de Grace,             | Man      | ryland pares   | IG 2 4 '5       | 9 an                            | hur S.       | Krand     | 1                |            |

VS. A15ME(5) 5M 9/55

LINE PRODUCT Editor of the Editor the street, envious distribution and terraphic section of the volume section with the section of THE RESIDENCE OF THE PROPERTY OF THE PARTY O Secretaries and the season of the second Page 140 Asserted the second of the second sec 

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9010 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09003

Reg. Dist. No.

| county Cecil Ct.   | AND 2. USUAL RI  | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  o. STATE  b. COUNTY  E. Orange. No Jo   |   |  |   |   |  |  |  |
|--|--|--|---|--|---|---|--|--|--|
| b. CITY OR TOWN III outside corporate limits, write RURAL  | c. LENGTH OF STAY IN   | 1 1b c. CITY O   | c. CITY OR TOWN (If outside corporale limits, write RURAL and g   |  |   |   |  |  |  |
| and give nearest town)   | The nearest town   |  |   |  |   |   |  |  |  |
| Elkton   | 9 days   |  |   | ge ·   | 6   | /X-3  | ECIDENCE                                   |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in t  | hospital, give street address)   |  | Century   | Δηγ  |   | ON  | RESIDENCE                                  |  |  |
| Union Hospital   |  | 1 - //   |   | 11 7 2 .   |   | YES   | ] NO [                                     |  |  |
| NAME OF First  | Middle   | Lo   | OF  | Mont   | h   | Day   | Year                                       |  |  |
| (Type or print) Chester  |  | L. Womack  |   | 0/20   |   |   | 19 59                                      |  |  |
| SEX 6. COLOR OR RACE 7. MAR  | RRIED T NEVER MARRIED  |  |   | 9. AGE (In years lost birthday)  | IF UNDER 1                                      |   | ER 24 HR                                   |  |  |
| Male C WIDOV   | VED DIVORCED   | Dec.   | 28,1908   | 50 yrs.  | Months [  | Days Hours  | Min,                                       |  |  |
| Do. USUAL OCCUPATION (Give kind of work done 10b   | . KIND OF BUSINESS OR IN   | IDUSTRY 11. BIRTHP   | LACE (State or foreign  |  | 12. CITIZ                                       | EN OF WHAT  | COUNTR                                     |  |  |
| during most of working life, even if retired)  |  | 7  | /irginia  |  |   |   |  |  |  |
| 3. FATHER'S NAME   |  |  | MAIDEN NAME   |  |   |   |  |  |  |
|  | 1 0  |  |   | A22 - m  |   |   |  |  |  |
| Abraham L. Woma  5. WAS DECEASED EVER IN U. S. ARMED FORCES? []  | CK. ST.  | 17. INFORMANT  | Virginia  | Allen  |   |   |  |  |  |
| Yes, no, or unknown] (If yes, give war or dates of service)  |  |  | mack-192  |  |   | Fac   | ± 01                                       |  |  |
|  | Unknown  | Maonit we  | Jilla CK-172  | . Centur,  | y zive  | · , La.   | 0001                                       |  |  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  825 X  DUE TO  Conditions, if any, which)  | racture upper  |  | bs right s  | ide , hem  | omata   | ONSET AND DI  |  |  |  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FY  BUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  Couse lost.   | racture upper  | t lung   |   |  |   | 9 da  | ys   |  |  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FY  825 X DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  PART II, OTHER SIGNIFICANT CONDITIONS   | contributing to DEATH  | t lung   | O THE TERMINALDISEA   | SE CONDITION GIV   |   | 9 da  | ys   |  |  |
| PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (e)   FT   S 25   DUE TO   Conditions, if any, which gove rise to immediate couse (a), stoting the underlying   DUE TO     Couse lost.   (c)     PART II. OTHER SIGNIFICANT CONDITIONS     200. EXTERNAL CAUSE WAS   PRIMARY P or CONTEIRUTING  | contributing to DEATH  | t lung  BUT NOT RELATED TO   | O THE TERMINALDISEA   | SE CONDITION GIV   | /EN IN PART                                     | 9 da  | AUTOPSY<br>ORMED?                          |  |  |
| PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)   FT   S 25   DUE TO   Conditions, if any, which gove rise to immediate couse (a), stoting the underlying   DUE TO     Couse lost.   (c)     PART II. OTHER SIGNIFICANT CONDITIONS   PART II. OTHER SIGNIFICANT CONDITIONS     COURT   CONTRIBUTING   20b. DESCRIPTION   AU   CAUSE OF DEATH.   AU   20c. TIME OF INJURY   Month, Day, Year   20c.  | contributing to DEATH  CONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURR  1 TOMO bile acc  | t lung  BUT NOT RELATED TO  ED. (Enter noture of 1  ident on 1   | O THE TERMINALDISEA<br>njury in Part I or Part<br>Poute 1 Ne  | SE CONDITION GIV<br>II of item 18.)<br>ear Belair  | /EN IN PART                                     | 9 da  | AUTOPSY<br>ORMED?<br>NO 1                  |  |  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  S 25 × DUE TO  Conditions, if any, which gove rise to immediate couse (c), storing the underlying Couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  PART III. OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING CAUSE OF DEATH.  At 20c. TIME OF INJURY Month, Day, Year 20c.   | contributing to DEATH  CONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURR  1 TOMO bile acc  | ED. (Enter noture of 1 ident on 1 ident of 1 foctory, street, officeroctory, street, officeroctory, street, officeroctory).  | o THE TERMINALDISEA<br>njury in Part I or Part<br>Poute 1 Ne<br>(Home, form,<br>e bldg., etc.)  | SE CONDITION GIVEN OF Item 18.) Car Belair ty or town)   | /EN IN PART , Mary                              | 9 da  | AUTOPSY DRMED? NO 1                        |  |  |
| PART I. DEATH WAS CAUSED BY:   MMEDIATE CAUSE (6)   FY   S 25   DUE TO   Conditions, if any, which gove rise to immediate couse (a), storing the underlying   DUE TO     Couse lost.   (c)   DUE TO     PART II, OTHER SIGNIFICANT CONDITIONS     PART III, OTHER SIGNIFICANT CONDITIONS     PART III, OTHER SIGNIFICANT CONDITIONS     Couse of DEATH   At     Couse of DEATH | CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURR  A TOMO Dile acc  J. INJURY OCCURRED  J. Not while on work at wor | ED. (Enter noture of a ident on a prace of injury foctory, street, offic.  | or THE TERMINALDISEA Injury in Part I or Part Poute 1 Ne (Home, form, 20f. (Cie bldg., elc.)  | SE CONDITION GIVE of item 18.)  Par Belair by or town)  Harfo  | (Cour   | 9 da  | AUTOPSY DRMED? NO 1                        |  |  |
| PART I. DEATH WAS CAUSED BY:   MMEDIATE CAUSE (o)   FT   825   | CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURR  1 TO MODILE aCC  1. INJURY OCCURRED 206  1. INJURY OCCUR | ED. (Enter noture of lident on 1 PLACE OF INJURY foctory, street, offic Near Bel/above, held at  | njury in Part I or Part  Poute 1 Ne  (Home, form, 20f. (Ci e bldg., elc.)   | SE CONDITION GIVEN THE SECONDITION GIVEN GIVEN GIVEN THE SECONDITION GIVEN GIV | Mary (Cour                                      | 9 da  1(o) 19. WAS PERFY YES   yland niy)             | AUTOPSY DRMED? NO 1                        |  |  |
| PART I. DEATH WAS CAUSED BY:   MMEDIATE CAUSE (e)   FY   S 25  | CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURR  1 TO MODILE aCC  1. INJURY OCCURRED 206  1. INJURY OCCUR | ED. (Enter noture of lident on 1 PLACE OF INJURY foctory, street, offic Near Bel/above, held at  | njury in Part I or Part  Poute 1 Ne  (Home, form, 20f. (Ci e bldg., elc.)   | SE CONDITION GIVEN THE SECONDITION GIVEN GIVEN GIVEN THE SECONDITION GIVEN GIV | Mary (Cour                                      | 9 da  1(o) 19. WAS PERFY YES   yland niy)             | AUTOPSY DRMED? NO 1                        |  |  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fr  BUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour a.m. 1.30 XXX 8/11 1959 of the death resulted fram: Natural causes   | CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURR  1 TO MODILE aCC  1. INJURY OCCURRED 206  1. INJURY OCCUR | ED. (Enter noture of lident on 1 PLACE OF INJURY foctory, street, offic Near Bel/above, held at  | njury in Part I or Part  Poute 1 Ne  (Home, form, 20f. (Ci e bldg., elc.)   | SE CONDITION GIVEN THE SECONDITION GIVEN GIVEN GIVEN THE SECONDITION GIVEN GIV | Mary (Cour                                      | 9 da  1(o) 19. WAS PERFY YES   yland nty)             | AUTOPSY DRMED? NO (Stote) Md.              |  |  |
| PART I. DEATH WAS CAUSED BY:   MMEDIATE CAUSE (o)   FT   825   | CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURR  1 TO MODILE aCC  1. INJURY OCCURRED 206  1. INJURY OCCUR | ED. (Enter noture of ident on in Place of Indury fectory, street, offic Near Beld above, held an Suicide [],   | njury in Part I or Part  Poute 1 Ne  (Home, form, 20f. (Ci e bldg., elc.)   | SE CONDITION GIVE ar Belair by or town)  Harfo Inspection X  Judgetermined of  | Mary (Cour                                      | 9 da  1(o) 19. WASS PERFY YES   Yland nity)  DATE     | AUTOPSY DRMED? NO (Stote) Md. find the     |  |  |
| PART I. DEATH WAS CAUSED BY:   MMEDIATE CAUSE (o)   FT   Substitute   FT   Substitut | CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURR  1 TO MODILE aCC  1. INJURY OCCURRED 206  1. INJURY OCCUR | ED. (Enter noture of a ident on a process, street, office Near Bell above, held an Suicide , Chief   | njury in Part I or Part  Poute 1 Ne  (Home, form, 20f. (Cie b bidg., elc.)  Air, Md Rt. 1  Autopsy,  Homicide, U  | SE CONDITION GIVE ar Belair ty or town)  Harfo Inspection X  | Mary (Cour                                      | 9 da  1(o) 19. WAS PERFY YES   yland nty)             | AUTOPSY DRMED? NO (Stote) Md. find the     |  |  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FY  BUE TO  Conditions, if any, which gove rise to immediate couse (a), stoting the underlying Couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  PART III. OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING CAUSE OF DEATH.  AU  20c. TIME OF INJURY Month, Day, Year Hour a. m. 1 30 PXW 8/11 1959 of 21. I certify that I taak charge af the death resulted fram: Natural causes  ACTUAL SIGNATURE  | CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURR  1 TO MODILE aCC  1. INJURY OCCURRED 206  1. INJURY OCCUR | ED. (Enter noture of lident on 1  PLACE OF INJURY foctory, street, offic Near Bell above, held at Suicide , the Manual Chief Assist.   | D THE TERMINALDISEA  njury in Part I or Part  Poute 1 Ne  (Home, form, 20f. (Ci e bldg., elc.)  Air, Md Rt. 1  Autopsy,  Homicide,  MEDICAL EXAMINER [  | SE CONDITION GIVE A Belair Belair by or town)  Harfo Inspection X Judetermined of the RER  | Mary (Cour                                      | 9 da  1(o) 19. WASS PERFY YES   Yland nity)  DATE     | AUTOPSY DEMED? NO (Stote) Md. find the     |  |  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  At  20c. TIME OF INJURY Month, Day, Year Hour a.m. 1 30   | CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURR  1 TO MODILE aCC  1. INJURY OCCURRED 206  1. INJURY OCCUR | ED. (Enter noture of lident on 1 PLACE OF INJURY foctory, street, offic Near Bell above, held at Suicide , M.D. CHIEF ASSIST.  | njury in Part I or Part  Poute 1 Ne  (Home, form, 20f. (Ci e bldg., elc.)  Air, Md Rt. 1  Autopsy ,  Homicide , U  MEDICAL EXAMINER  (MEDICAL EXAMINER  | SE CONDITION GIVE AT Belair ty or town)  Harfo Inspection X  Judgetermined of the RER  | /EN IN PART  (Cour  ord Ct.  Inquiry  cause []. | 9 da  1(o) 19. WASS PERFY YES   Yland nity)  DATE     | AUTOPSY DRMED? NO 10 (Store) Md., find the |  |  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  SUBJECT OF TO  Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY Prof CONTRIBUTING CAUSE OF DEATH.  AU  200. TIME OF INJURY Month, Day, Year Hour a. m.  1 30 XXX 8/11 1959 of 21. I certify that I taak charge af the death resulted fram: Natural causes  ACTUAL SIGNATURE  EXAMINER'S NAME (Type) R. C. Dodson  20. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)   | CONTRIBUTING TO DEATH  | ED. (Enter noture of lident on 1  PLACE OF INJURY foctory, street, offic Near Bell above, held at Suicide , M.D. CHIEF ASSIST. DEPUT   | njury in Part I or Part  Poute 1 Ne  (Home, form, 20f. (Ci e bldg., elc.)  Air, Md Rt. 1  Autopsy ,  Homicide , U  MEDICAL EXAMINER  ANT MEDICAL EXAMINER  22d. LOC                             | SE CONDITION GIVEN BELLET STATEMENT OF THE SERVICE STATEMENT OF THE SER | /EN IN PART  (Cour  ord Ct.  Inquir)  cause     | 9 da  1(o) 19. WAS PERFI YES   VI and NIY)  DATE      | AUTOPSY DRMED? NO 10 (Stote) Md. find the  |  |  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FY  BUE TO  Conditions, if any, which gove rise to immediale couse (a), stating the underlying  PART II. OTHER SIGNIFICANT CONDITIONS  PART III. OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING CAUSE OF DEATH.  200. TIME OF INJURY Month, Day, Year Hour a. m. 1 30 PXW 8/11 1959 of 21. I certify that I taak charge af the death resulted fram: Natural causes  ACTUAL SIGNATURE  EXAMINER'S NAME (Type) R. C. Dodson  20. BURIAL CREMATION, 122b. DATE THEREOF   | CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURR  I TOMO bile acc  I. INJURY OCCURRED  Out work of work of two work of | ED. (Enter noture of lident on 1  PLACE OF INJURY foctory, street, offic Near Bell above, held at Suicide , M.D. CHIEF ASSIST. DEPUT   | THE TERMINALDISEA  njury in Part I or Part  Poute 1 Ne  (Home, form,   20f. (Ci e bidg., elc.)  Air, Ma Rt. 1  Autopsy   ,  Homicide   ,   U  MEDICAL EXAMINER  (MEDICAL EXAMINER  22d. LOC  Pr | SE CONDITION GIVEN TO SERVICE TO  | (Courd Ct., Inquir) cause                       | 9 da  1(o) 19. WAS PERFY YES   Yland niy)  DATE  (Sto | AUTOPSY DRMED? NO 10 (Stote) Md. find the  |  |  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  S 25 × DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH.  200. TIME OF INJURY Month, Day, Year Hour a, m. 1 30  | CONTRIBUTING TO DEATH  CONTRIBUTING TO DEATH  RIBE HOW INJURY OCCURR  I tomobile acc  I. INJURY OCCURRED  I. Not while on work accepted of work accepted  I. Accident A.  CLAO  I. CLAO  II. CLAO  III. CLA | BUT NOT RELATED TO  ED. (Enter noture of lident on 1  PLACE OF INJURY foctory, street, offic  Near Bell above, held an Suicide [], I  M.D. CHIEF ASSIST. DEPUT  YOR CREMATORY On Cert. | njury in Part I or Part  Poute 1 Ne  (Home, form, 20f. (Ci e bldg., elc.)  Air, Md Rt. 1  Autopsy ,  Homicide , U  MEDICAL EXAMINER  ANT MEDICAL EXAMINER  22d. LOC                             | SE CONDITION GIVEN THE PROPERTY OF TOWN CITY OF TOWN OF THE PROPERTY OF THE PR | /EN IN PART  (Cour  ord Ct.  Inquir)  cause     | 9 da  1(o) 19. WAS PERFY YES   Yland  NATURE          | AUTOPSY DRMED? NO 10 (Stote) Md. find the  |  |  |

VS. A15ME(5) 5M 9/55

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1337 HITE MENICAL EXAMINER'S CHARLECATE OF DEATH The state of the s The property of the same of th 

r death. Page 4

may be relained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPIT

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9011

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 09004

| 1.            | 1. PLACE OF DEATH o. COUNTY Cecil MARYLAND   |  |                     |                                      |                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Cecil |                       |                        |   |             |                  |                |  |  |
|---------------|--|--|---------------------|--------------------------------------|------------------|---|-----------------------|------------------------|---|-------------|------------------|----------------|--|--|
|               | b. CITY OR TOWN (If outside corporate limits, write RURAL and give against Jawn)  BIKTON  3 years      |  |                     |                                      |                  | c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  E1k Neck                              |                       |                        |   |             |                  |                |  |  |
|               | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Devine Haven Nursing Home |  |                     |                                      |                  | d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM? YES 🖾 NO 🗆  |                       |                        |   |             |                  |                |  |  |
| 3.            | NAME OF<br>DECEASED<br>(Type or print)   | Fid<br>Kat   |                     | Widdle<br>Virgini                    |                  | Worth   | 4                     | OF<br>DEATH            | Augu  | nth<br>st : | 10 0             |                | Yeor<br>59                               |  |
| F             | sex<br>emale   | White  | WIDOW               |                                      | 0                | Nov. 20, 1  |                       |                        | P. AGE (In years<br>lost birthday)<br>91 yrs  | Months      | Days             | #F UNDE        | R 24 HRS.<br>Min.                        |  |
| 100           | during most of work  | N (Give kind of work ing life, even if retired ewife | done 10b.           | KIND OF BUSINESS O                   | OR INDUSTR       | Y 11. BIRTHPLACE<br>E1k N   |                       |                        |   | 12. CI      | TIZEN C          | USA            | COUNTRY                                  |  |
| 13.           | 13. FATHER'S NAME  |  |                     |                                      |                  | 14. MOTHER'S MAI  | DEN NAM               | WE                     |   |             |                  | •              |  |  |
|               | William A. Pryor   |  |                     |                                      |                  | Mar   | y Ba                  | rr                     |   |             |                  |                |  |  |
| 15.           | WAS DECEASED EVE   | IN U. S. ARMED FOR                                   | CES? 16.            | SOCIAL SECURITY NO                   | ), 17, INF       | DRMANT  |                       | 14:14                  | Add   | dress       | 1                |                |  |  |
|               | No   | If yes, give war or dates of s                       | ervice)             | No                                   |                  | Mrs. Mar  | y La                  | ir,La                  | ndenber   | g, Pa       | •                |                |  |  |
| CERTIFICATION | Conditions, if ar gove rise to ir cause (a), stoting the lying couse lost.  PART II. OTH               | nmediate (   | )<br>)<br>DITIONS ( |                                      | ATH BUT NO       | DT RELATED TO THE   | TERMINA               | L DISEASE              | CONDITION GI  | VEN IN PAR  |                  | 9. WAS / PERFO |  |  |
|               | OR CONTRIBUTING<br>(IF EITHER, NOTIFY)<br>20c. TIME OF INJURY  | MEDICAL EXAMINER)                                    |                     |                                      |                  |   |                       |                        |   |             |                  |                |  |  |
| MEDICAL       | Hour a. si.  | Y Month, Day, Yea                                    | While<br>of wor     | NJURY OCCURRED  Nat while  t ot work | factor           | OF INJURY (Hame<br>y, street, office bldg   | e, tarm,<br>g., etc.) | 20f. (City o           | or tawn)  | (           | Caunty)          |                | (State)                                  |  |
|               | 21. I certify the alive on Augustual SIGNATURE   | at I attended the                                    | deceas<br>, 195     | ed from Ju                           | ne 18<br>death o | , 19 <u>56</u> , to   | 55a<br>AD             | M, from<br>DRESS (Stre | the causes of the cause of | and on t    | last so<br>he da | te state       | decease<br>ed abave<br>tte signei<br>/59 |  |
|               | PHYSICIAN'S<br>NAME (Type)   | S. Ralı  |                     | drews, Jr.                           | , M.D.           |   |                       |                        | Elkton  | M           | ary.             | Land           |  |  |
| 220           | BURIAL, CREMATION<br>REMOVAL (Specify)<br>Burial   | Aug 13 1   |                     | North Fas                            |                  | REMATORY<br>hodist Ce   |                       |                        | ON (City, town,   |             | Co               | (Stote         |  |  |
| 23.           | FUNERAL DIRECTORS  |  | Jane                |                                      |                  | EAST, 240.  |                       | Y REGISTR              |   | ISTRAR'S SI |                  |                |  |  |

Pile , least thinked the transfer and , with . . . . .